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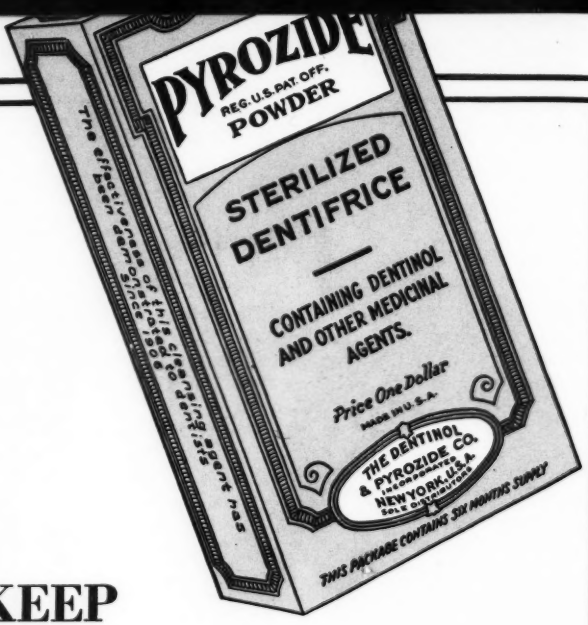

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THE

Publisher's

No. 139

CORNER

By MASS

SINCE that mysterious postal was reproduced in these pages two months ago, this old lower-than-average department has been receiving letters about it.

Under such circumstances the first impulse is to print the ones from the chaps who take your part — the grand one written by Dr. David W. Burg, of Los Angeles, for instance; or the note from Laura Dickison. Or Doctor Burbank's pleasant scrawl, or Doctor Homan's letter, or Jack Fisher's, or some of the others.

But the old man can "take it," so it's more fun to print the letter from Dr. Arnold J. Woodman, of St. Louis, who wrote, early in December:

"Well, what about the December CORNER? That fellow that sent that card may not have been so far wrong. If you would view what is written from different angles

maybe most of it would not be in print. But you are the publisher. The king can do no wrong.

"You used approximately three and a half pages of ORAL HYGIENE and sum total of thoughts expressed was what? Not much of anything. Expanded ego—not bad.

"It seems the object of many writers is to fill so many pages and at the same time to get paid for it. Good for you. I suppose that is what writers are for and those that do or try to read the pen food wonder how so-and-so gets by.

"Write, certainly—so must I, but say something interesting. Now, I feel that you and I are even for you, reading this."

* * *

Well, I squirmed a while, thought a while, then wrote Doctor Woodman:

"I was saying to a friend of mine just the other day, 'If I were not publisher of ORAL HYGIENE and the new *Dental Digest*, with no one to blue-pencil my stuff or keep it out of the paper, quite likely much of it would never see the light of print. Maybe none of it would get printed.'

"So, strange as it may seem, your December 5 letter reaches a receptive ear or eye, or whatever it is a letter reaches.

"Incidentally, the punishment for being a publisher, and printing almost everything you happen to write, is that, look-

ing back at bound volumes, rereading things which seemed at birth to be swell literature, one's face gets quite red—one wishes there *had* been somebody to blue-pencil and reject. Thanks for your letter . . ."

* * *

And I meant what I said. My letter to Doctor Woodman was written in all sincerity. For it *is* punishment to reread some of the old CORNERS—and some not so old.

Sometimes it's punishment to read a new CORNER, too, one fresh from the typewriter, writing that shows how torpid your liver is that day—written for printing presses that won't wait for livers —written for printing presses that won't wait for inspiration.

"Well, why print it then?" would be a fair question and one pretty difficult to answer, too.

Personal vanity, I suppose, that hates the thought of breaking the chain, even for an issue or two, keeps departments like this running on and on whether or not there is anything worth printing.

There is, in this queer world of ours, a great Niagara of needless writing which reaches print.

Just as the much-discussed mechanical age has filled the air with a distressing volume of needless singing—so has it made possible an appalling flood of print.

More than seventy thousand copies of

this CORNER will, the week this is written, be spinning from the press at the rate of fifty a minute.

Here at ORAL HYGIENE we have a rule about departments. The rule is to omit any department any month, rather than print a dull installment.

There is no special reason why the CORNER should escape this discipline—Doctor Woodman is right, ". . . maybe most of it would not be in print. But you are the publisher."

Elbert Hubbard once published "An Essay on Silence"—a beautifully bound book with creamy white, restful blank pages—pages that beckoned and caressed the print-jaded eye—pages that captured the stillness of an Arizona night—pages that . . .

* * *

The rest of the CORNER this month is a quotation from the Essay . . .

ORAL HYGIENE

Registered in U.S. Patent Office
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A Journal for Dentists

"O-w-w-w-ch! You certainly found a swell dentist!"

Twenty-third Year **FEBRUARY, 1933** **Vol. 23, No. 2**

Go Thou And Do Likewise

By Hugh Grant Rowell, M. D.

Oral Hygiene *asked Dr. Hugh Grant Rowell to write this article because it was felt that dentists would be interested in the manner in which the medical profession has handled the matter of license reciprocity. No one is more capable to discuss this matter than Dr. Rowell as he is not only a diplomate of the National Board of Medical Examiners but is a medical writer of note.*

Dr. Rowell is a regular contributor to the American Magazine and his articles have also appeared in Collier's, Parents' Magazine, Hygeia, Medical Economics and many other national publications.

ON the wall of my office—right above my head in the sanctum sanctorum, in fact—you will notice a small and modest diploma stating that, as of a certain day, I am a Licentiate of the National Board of Medical Examiners. Now the title is Diplomate—but I'm an old-timer. I'm one of the "early birds" who took the national board examinations. Nor am I likely to forget the experience.

The reason? Simply that "examinations" meant exactly that. You may recall that one of England's most colorful and successful hangmen used to boast, "Others *hang* them. I *execute* them." The National Board, in those days at any rate, could boast, "Others examine doctors. We take a microscope to them in our dissection of their claims to be fit to practice medicine."

That is why no one who took these examinations in the early days could imagine any state not accepting such credentials. How could they dare to do otherwise? Certainly no state could, or would dare to devise stiffer—or fairer examinations.

I'm not stating that any of us examinees resented what was

A Medical Man's Suggestion on Reciprocity

EDITORIAL NOTE

In this article Dr. Rowell suggests that the dental profession follow the example of the medical profession and profit from a national board of examiners. There is in existence a National Board of Dental Examiners, fashioned along the same lines as the National Board of Medical Examiners, but through lack of finances and support it has never functioned as intended.

ORAL HYGIENE believes that an active national board of dental examiners would help to solve the problem of reciprocity and urges that every assistance be given our present National Board of Dental Examiners to permit it to function. A future issue of ORAL HYGIENE will carry an article discussing this board.

done to us. From the very first day of the solid week of written papers, oral questionings, laboratory exercises, and clinical problems, the examiners won and held our respect. We felt they wanted us to pass, that they expected us to pass. We felt they would give us every proper opportunity to do so. They made us feel capable of doing a really brilliant job—and some of us did—Pete, for example, now one of the most brilliant young surgeons in the country.

The majority of us passed.

Why shouldn't we? We were a selected group. We'd had at least a year's service in a first-class hospital in addition to our medical school training. Most of us had excellent medical school records. Only the well-prepared dared risk the examination. Others were eliminated in advance, in fact, they eliminated themselves. Even so, a few failed.

That diploma so strenuously won has always been a valuable asset. It is unquestionably a sign of quality and achievement. And since, at the time I took the examination, I had no idea

where I would set up professionally, a great many of my worries over State Boards were over. Even in a state where the laws did not yet permit the official recognition of the certificate, the examining board knew that no diploma-mill product could obtain such credentials.

The origin of the National Board has always amused me. It appears that an eminently eminent physician was called from a certain state to fill a most desirable vacancy elsewhere. Between the two states involved there was no reciprocity in terms of licensing doctors, however they might feel about autos.

The internationally known specialist found himself compelled to grub through his medical school textbooks, learn once more amount of vitamin A in the nodule of Arantius, review the differential diagnosis between bookworm and hookworm, brush up on the long-forgotten intricacies of versions and breech presentations, and other medical erudition which he had eliminated from his mental reservoirs, to be replaced by knowledge more in keeping with the needs of his patients.

He took the examination, in fact, he passed it, but swore revenge. What an asinine thing, he thought, that an accredited medical man should be subject to such a nonsensical law! Why not work out some sort of national certificate, good in all states? Now, that was something worth while.

From his misery and disgust came the finest idea that has yet appeared in medical education —the national examination. And I'm sure every dentist who reads this article will say to himself, "Why don't dentists do something similar?"

The editors of ORAL HYGIENE have asked me to write this article for the specific purpose of showing how an allied group conducts their national examination, what advantages and disadvantages there may exist, what dangers lie in such a plan.

To my mind there can be no doubt that, since medicine and dentistry are brothers under the skin, what has proved a good thing for us should prove equally advantageous for our dental brothers—and you can have the advantage of our experience at no cost in money or headaches.

I'll admit that not every physician or dentist requires a national certificate. In my class in medical school a majority of the students were sons of doctors and had a place waiting for them on graduation. Certain others had pretty definite plans about settling. But there were many like myself who knew where they could settle, perhaps, but were by no means sure just what community would be bettered eventually by their presence. We heard about examining boards. One state's certificate was accepted by another but not by a third. It was, as I recall, much more profitable to take the Vermont ex-

aminations than the Massachusetts. And so it went.

To me, it looked as if I would have to take several states' examinations, a costly waste of time and effort. There were, too, all sorts of uncomfortable rumors about the idiosyncrasies of different state boards—probably mere fabrications, but worrisome to the prospective candidates. Then, too, there was the opinion that it took nothing short of a mental giant to pass the New York State examinations. And I hope, parentheticaly, my old classmate Rypins will see that this tradition never fails.

The chief trouble about the different states' examinations seemed to be that you weren't quite sure, in preparation, whether you were going to deal with some old fogie's pet thesis or with some laboratory genius's idea of what the well-trained medico ought to know (but usually didn't), or with a sound set of queries.

At any rate I took the national boards and passed them. Then I settled back happily, knowing that wherever I chose to practice, whether the certificate was accepted or not in lieu of the state questions, it would, at least, win me recognition as one who had won his spurs. Later, since Massachusetts did not then accept the certificate, I took their questions. But I think the examiners treated me with unusual courtesy, even if I was not excused from the papers. On moving to New York, my certificate was accepted without questions.

Today my certificate is acceptable in the following states: Alabama, Arizona, California,* Canal Zone, Colorado, Connecticut,* Delaware, Georgia, Hawaii, Idaho, Illinois,* Iowa, Kansas, Kentucky, Maine,* Maryland,* Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio,* Oklahoma, Oregon, Pennsylvania,* Porto Rico, Rhode Island, South Carolina,* South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.* The examinations are accepted by the basic science boards of Connecticut, Minnesota, Nebraska, Wisconsin, and the District of Columbia.

But that is not all. My certificate is accepted by the United States Army as the scientific qualification for admission to its Medical Corps. It is accepted by the United States Public Health Service in lieu of the usual written scientific examination, but the oral and practical laboratory exercises and clinical examinations are required of all candidates. Admission to the Medical Corps of the Navy is determined by an annual competitive examination.

In foreign countries I may be admitted to the Final Examination of the Conjoint Examin-

*The states starred(*) have certain regulations to be met in addition to passing the National Board's examinations. California, for example, requires a year of residence in some state after a candidate becomes a diplomate.

ing Board of England, to the Final Examination of the Triple Qualification Board of Scotland, and to the Final Examination of the Conjoint Board of Ireland.

I may also be exempted from the scientific examination given by the American College of Surgeons and I may be admitted to the Mayo Foundation without taking the usual examination.

In my day, you took one examination lasting a week. To be eligible you must have graduated from an accredited medical school and have had at least one year's internship in a first-class hospital. The examinations were given in but one city annually. I was in the first Boston group.

Now things are different.

To apply for registration you must have had a standard four-year high school course, plus two years of acceptable college work, including English, physics, chemistry, biology, and a foreign language.

To take Part I, you must have completed successfully the premedical requirements plus the first two years' work in a Class A medical school. The examination is on the six fundamental medical sciences: Anatomy, including histology and embryology; Physiology; Physiological Chemistry; General Pathology; Bacteriology, including immunology; Pharmacology and Materia Medica.

To take Part II, you must have passed Part I and have completed successfully a four-year medical course. The examination is on each of the four following subjects: Medicine, including pediatrics, neuropsychiatry and therapeutics; Surgery, including applied anatomy, surgical pathology, and surgical specialties; Obstetrics and Gynecology; Public Health, including hygiene and medical jurisprudence. The examinations require a two-day period.

To take Part III, you must have passed Parts I and II, and, following the four-year medical course, have satisfactorily completed an internship contract of at least a year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association, or served a year in an acceptable laboratory. You must also submit satisfactory evidence of character from two physicians in good standing and from the superintendent of the hospital in which the internship is served.

Passing grade is an average of 75 or more for the Part and no less than 60 in any subject.

The scheme of taking the examination in different parts is eminently satisfactory because it gives you a chance to show your knowledge at a time when it is freshest.

The arrangements for the examinations as such are also splendid. Parts I and II are given simultaneously in all Class A Medical schools of the United States, provided that there are at least five candidates eligible for one examination period.

Part III is given under the direction of local Subsidiary

Boards frequently enough to accommodate all eligible candidates. There are nineteen centers: Baltimore, Boston, Chicago, Cleveland, Denver, Galveston, Iowa City, Los Angeles, Minneapolis, Nashville, New Haven, New Orleans, New York, Philadelphia, Portland (Ore.), Rochester (N. Y.), San Francisco, St. Louis, and Washington, D. C. You don't have to go half way across the continent to get your examination. The total fees add up to $85, payable at various times.

The governing body is the National Board of Medical Examiners, organized in 1915 by Dr. W. L. Rodman, then president of the American Medical Association. The Board was chartered March 17, 1922. The membership shall not exceed 27. This includes 6 members representing the Federal services, 5 members nominated by the Federation of State Medical Boards of the United States; 2 members nominated by the Association of American Medical Colleges; 2 members nominated by the Council on Medical Education and Hospitals of the American Medical Association. The remaining members are elected at large, special attention being given to their geographical distribution. Headquarters are maintained at 225 South 15th St., Philadelphia, Pa.

Diplomates are privileged to use the designating initials D.N.B. They have an association meeting at the time and place of the annual meeting of the American Medical Association. A gold key is the membership emblem, though few wear it. Physicians are not overkeen about medal wearing.

The board publishes a monthly magazine, *The Diplomate,* which contains not only material on the activities of the Board but also news of the medical colleges and developments in medical education, as well as undergraduate activities of general interest.

You will notice that this National Board in no way interferes with State Boards nor their requirements. Basically it is planned to offer State Boards candidates of a higher grade than they themselves require. Being a private corporation, self-perpetuating, and highly representative of the best standards of medical thought and education, it can, and I suspect does, often prove of assistance to State Boards in setting increasingly high standards for admission to medical practice. Nor does it deprive State Boards of any income, since its diplomates must pay the state's fees for registration like any other candidates. I know of no group connected with medicine which has served more unselfishly and more successfully.

Transfer this whole national examination idea to the dental field and what have you? I'm not going to try to lay out a program. But the following suggestions seem to me feasible as a starting point:

1. Let the representatives of the dental groups involved (essentially groups corresponding

to the medical groups mentioned) appoint certain representatives with power to act.

2. Let these persons gather and decide on how many sets of examinations should be given and at what time during the embryo dentist's career. Dental internships exist. The question may arise: What is the equivalent of these internships, which are not too numerous?

3. Start, perhaps at one or a very few centers, using examiners of unquestioned interest and of the highest professional qualifications, men whose names mean a great deal. Even if only a handful of states can or will recognize the examination, start it anyway and watch the doubters swing into line.

4. Keep the fees very low at first. Always keep them commensurate with the service rendered.

5. Work out other details as problems present themselves.

I can't see many dangers. I'd worry mostly about possible arrogance and poor diplomacy on the part of the Board, plus suspicion of State Boards that someone was about to steal their thunder. No plan should be advocated which would take from a State Board one iota of its authority. The National Board's job is to guarantee a quality product.

Some may think a National Board should replace the State Boards. I doubt it because certain states have good and sufficient reasons for raising or lowering barriers. A National Board man should be good enough to meet any test presented to him by State Boards.

I prefer a private organization to an official one because it can be more flexible. It can and should encourage the better training of professional men, men, however, whose powers go beyond the mere passing of an examination. Secondary education is too much cluttered with examinations as it is. A guarantee of a quality product is the real requirement. Obviously, state and national examiners act as a check on each other regarding over- or under-examining.

The National Boards of Medical Examiners and the national examination idea are no longer experiments. They offer to the young professional man the first opportunity to show that he can face the same high standards as other high grade men of his professional years. They encourage him or show him where he fails to come up to standard. The occasional successful bluffer or bootlicker is shown up, regardless of his nerve. The good man stands revealed. And only the good man should have the privilege and honor of a national certificate.

My best advice to the dental profession after the benefits I have received and seen others receive from the National Board, and from watching its operations over a period of years —most of its years, in fact—is *go thou and do likewise.*

525 West 120 Street
New York, N. Y.

Is Group Insurance the Answer

to the Report of the Committee on the Costs of Medical Care?

By Joseph B. Milgram

DECLARING that "a practical group insurance plan is the only way in which every person in the United States would be assured of dental treatment," Dr. John T. Hanks, past president of the First District Dental Society of the State of New York and present secretary of the society, threw a bombshell into the Greater New York Meeting for Better Dentistry in the Hotel Pennsylvania, December 7. Opposition to any such plan was immediately voiced by Dr. Martin Dewey, past president of the American Dental Society, by Dr. Alfred S. Walker, past president of the First District Society, and others.

"The dental profession is about to be faced with a proposition politically sponsored to set up socialized dentistry," said Doctor Hanks, "and in order to anticipate such a move the profession should get up its own plan so that, if it is put into operation, only the highest ethical standards would govern it, under the control of the dental profession and not by politicians."

He pointed out that if such a plan were worked out and if a compulsory health insurance law were enacted, the profession could demonstrate that it already had its own plan working and that such a law should be fitted to it.

The dental profession could organize a service that would make compulsory health insurance unnecessary, he argued, and he emphasized that such plans would refer only to the care of low-income groups and would not affect patients with financial ability to care for themselves.

He warned that a policy of complete opposition to insurance dentistry might put the medical and dental professions, if and when laws were formulated, in the same position as the professions in European countries, where, he said, they were ignored in the framing of the legislation which was dictated by the insurance carriers.

Dr. Alfred Walker asserted

THE RESOLUTION

WHEREAS consideration of the report of the Committee on the Costs of Medical Care and the reports of the Committee on the Study of Dental Practice indicate that there is an important aspect of the provision of dental care which has not yet been given adequate study; namely, the relationship of the incidence of dental disease to the incidence of other diseases and the technical differences between the provision of dental and of medical care, be it therefore

RESOLVED that the First and Second District Dental Societies recognize the value of these reports from many standpoints but that they consider that further studies in the related fields are necessary and that it is therefore further

RESOLVED that the First and Second District Dental Societies hereby petition the American Dental Association to appoint a committee to analyze and evaluate the reports as they relate to dental service, to study the questions herein mentioned, and to make suitable recommendations, and be it further

RESOLVED that this committee should cooperate in every way with the committees which are to continue the study of medical and dental care.

the Committee on the Costs of Medical Care and its Committee on the Study of Dental Practice should be informed that "the body of the dental profession, including virtually all dental educators, are not in agreement with the very radical program advocated by this group."

He introduced a resolution, which was adopted by the First and Second District Dental Societies, under whose auspices the meeting was held, which recorded the two societies as petitioning the American Dental Association to appoint a committee "to analyze and evaluate the reports of the Committee on the Costs of Medical Care as they relate to dental service," to learn if full study was given by

the Committee on the Study of Dental Practice to the relationship of the incidence of dental disease to the incidence of other diseases, and the technical difference between the provision of dental and medical care. His resolution states that the First and Second District societies recognize the value of the reports of the Committee on the Costs of Medical Care from many standpoints but that they consider that further studies in the related fields are necessary.

The meeting voted to cooperate in every way with the committee which is to continue the study of medical and dental care.

Dr. Herman J. Kauffer, president of the First District society, opposed the principle of socialized dentistry, and argued that adequate education of children in the importance of dental care should eliminate the need for it.

A suggestion toward the development of finance organizations, specializing in the professional field, was advanced by Dr. Walter C. Miner of Boston. Under this plan the business management would be guided by an advisory council of professional men, to enable patients who need such service to spread their payment of fees over a period of months.

Dr. George Wood Clapp concluded that panel dentistry might afford one method of providing dental care for the large part of the population that is now without it. He said that at least 75 per cent of the school children and as many, if not more, adults had serious dental disorders.

Doctor Dewey criticized the report of the Committee on the Costs of Medical Care, contending that 40 per cent of the amount paid by the public would be used in administrative expenses, and only 60 per cent for actual medical services, to which Doctor Miner replied that the administrative cost would be borne by the government or the insurance company and not by the insurance-paying public. Doctor Dewey's suggestion that medical care be met through savings funds, he dismissed as "theoretically ideal, but practically impossible."

In a supplementary statement, Doctor Dewey, who usually has been of one mind with Doctor Hanks on matters affecting the dental profession, denounced the members of the Committee on the Costs of Medical Care as "agitators and social workers" who make their living as administrators, and are "selfishly in favor of these plans." He belittled dentists who signed the majority report of the Committee, and called upon all leading dentists and physicians throughout the United States to take united action for public education.

Doctor Dewey took the view that the salaried physician or dentist would lose his incentive to do distinguished work. Men of inferior intellect or moral equipment would enter the professions, because they would no longer have to compete with competent and honest men. The

professional man, he said, would come under the domination of lay groups, losing his autonomy as he attempted to satisfy the whims of the uninformed bosses.

Education of the public through lectures and advertisements should displace the revolutionary program urged by the Committee, he asserted. The people must be taught the importance of oral hygiene in its relation to general health and also the necessity for laying aside a reasonable sum of money for its health bills, he declared.

In discussing the "radical program" advocated by the Committee he argued that the dental profession must organize to combat the Committee's views.

"And since much of the discussion of the subject of medical care (in the Committee's report) revolves around insurance or state medicine, it becomes necessary for the dental profession to set up its own agency to study this aspect of the question," he continued.

"It should be noted that the committee which is conducting the dental investigation is predominantly a lay group, and as such would be readily influenced by the views of its one dental member, Dr. Alfred Owre."

It is rumored that the agitation to socialize or not to socialize may culminate in a debate between Doctor Hanks and Doctor Dewey.

IDENTIFICATION BY DENTAL RECORDS AND CHARTS

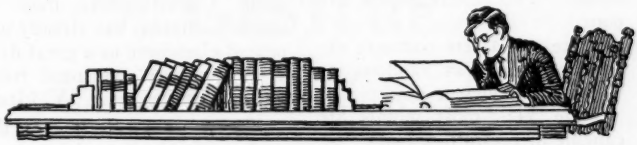
By means of accurate records and complete data covering all members of the ill-fated *Nautilus* (the submarine of Sir Hubert Wilkins which attempted to dive under the ice to the vicinity of the North Pole) it was recently possible to perform a feat of positive identification after all other methods had proven valueless.

A young sailor—Howard I. Grimmer, of Bartlett, New Hampshire—was swept overboard during a severe gale. With characteristic New England fortitude his family preserved the hope of his survival—even when a body which finally washed ashore was imperfectly identified as that of the missing young sailor. They refused to accept any other than a positive identification.

At this point Dr. Clyde A. Nelson stepped into the picture. As a member of the Caulk Dental Clinic, he had done all necessary dental work for the young mariner before the *Nautilus* sailed. In a thorough-going modern manner Doctor Nelson had taken full mouth x-rays, charted all previous, and all of his own, dental restorations.

Thus an actual and positive check up was easily made. The suspense of family and relatives was definitely ended—all doubts finally disposed of.

ORAL HYGIENE'S LIBRARY TABLE



BOOKS REVIEWED FOR BUSY READERS

Practical Dental Metallurgy

A Review of *Practical Dental Metallurgy* by Joseph Dupuy Hodgen, D.D.S. 7th edition. Revised by Guy S. Milberry, D.D.S., and John S. Shell, B.S., St. Louis: C. V. Mosby Company, 1932.

THIS work on dental metallurgy is typical of most texts on the subject now used in dental schools. It starts with a series of definitions and a discussion of the properties of metals, and then takes up compounds of metals and non-metals. After a brief discussion on melting metals and alloys, the author takes up in turn each of the metals used in dentistry, considering each not only from the standpoint of its dental application, but also discussing its ores and the methods of recovery. The closing chapters deal with amalgams. It is obvious that this book is quite similar to those which have preceded it in this field.

The reviewer is at a loss to understand why the author has failed completely to take cognizance of the tremendous strides made in recent years in the fields of metallography and physical metallurgy. For example, the constitutional diagrams and cooling curves of the various alloy systems are described in five pages, space which makes impossible a lucid explanation. Had any of a number of recent authorities been consulted, enough information would have been available so that this matter could have been set forth very clearly.

The author of this book has failed to appreciate the fact that the dentist is interested in one branch of metallurgy; i.e., the utilization of metals and alloys. The considerable amount of space devoted to winning of metals from ores could have been otherwise utilized.

In addition to this, a large portion of the book is devoted to the chemistry of the metals. Not only is this very elementary from the academic standpoint, but this information should all have

been given in courses in chemistry, so is only repetition here.

The illustrations are worthy of comment. That of the cross section of the blast furnace is classic. Photomicrographs are poor.

Here are a few concrete examples, chosen at random, to which the reviewer objects:

Page 34: "most metals are capable of crystallization."

Page 51: "metals unite with each other indefinitely to form alloys." How does the author explain intermetallic compounds in which metals unite in definite ratios?

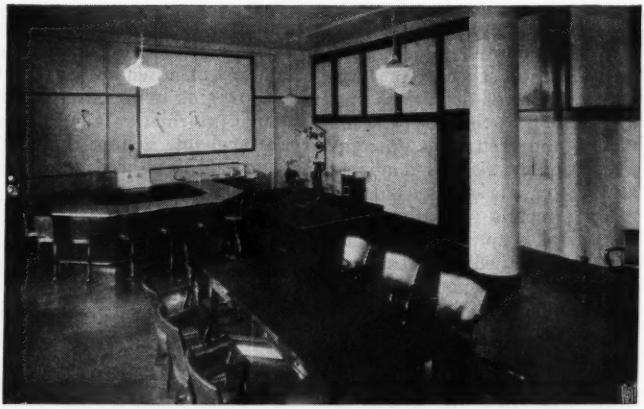
On page 76, calorific energy is defined without naming a unit. Both this discussion and the following examples are very hazy.

The closing chapters on amalgams are among the best in the book. Unfortunately, most of this information has already appeared elsewhere as a great deal of it has been reprinted from various articles by A. W. Gray.

The reviewer feels that the author of this book has missed a golden opportunity to produce something really worth while by failing to capitalize on the information made available in recent years through progress in physical metallurgy researches.

—*K.H.S.*

NEW STUDY ROOM



A view of the new study room recently opened by the Cleveland Dental Society in the Rose Building. The room is completely equipped with dental unit and chair and all facilities for clinical and lecture work. It is being used for the society's postgraduate work and is rented to manufacturers for their clinics and demonstrations.

A Friendly Gesture

By Rea Proctor McGee, D.D.S., M.D.

WHEN the present State Board of Dental Examiners in California was appointed there was, in some quarters, considerable question as to whether or not the members would ever be able to get together and limp along until their successors would qualify.

That worry has proved to be unfounded in fact.

The new Board Members have taken stock of each other. They have so apportioned the offices and committee memberships as to get the maximum of ability and energy to carry on the work for which they are appointed.

A particularly friendly attitude toward candidates from outside the state is being manifested. To some extent this is due to the fact that several of the members are themselves graduates of schools in the East.

The apparently insurmountable obstacles to successful organization have resulted in a minimum of politics and a great good measure of intelligent and loyal devotion to the dental welfare of the citizens of California.

Many of us who looked on with apprehension at first are now convinced that the record of this present Board will be one of the bright spots in the history of state dental examination upon the Pacific Coast.

The annual license fee has been reduced twenty per cent, which is unusual in these days, so shortly removed from the deep dark depression.

The members are:

Dr. W. H. Robinson, Oakland, president, (Trustee A.D.A.); Dr. Kenneth Nesbitt, San Francisco, secretary; Dr. Frank Taylor, Pomona; Dr. Walter S. Kyes, San Diego; Dr. Roy Giffen, Sacramento; Dr. A. Zimmerman, Los Angeles; Dr. Carl J. Rice, Los Angeles.

Those ILLS we HAVE

A Fable

By ALEXANDER SNYDER, D. D. S.

ONCE upon a time—perhaps—the 60,000 dentists in the Land of the Free simultaneously passed the Rhode Island Dental State Board Examinations, and tore up all other old licenses.

Then, pooling their vast financial resources, for all dentists are fabulously wealthy, they took a lease on Rhode Island in its entirety, ousted all the natives, and settled down to await developments.

They took this method of confounding the wiseacre who was always saying, "There are 60,000 dentists in the United States, or 1 for every 2,000 of the population."

By the grace of an archaic licensing system, the dental profession was now able to demonstrate that the proportion actually stood as follows: "There are 60,000 dentists in Rhode Island, making the ratio of dentists to the population of the entire country 0 to 120,000,000."

This amazing state of affairs was solely due to the fact that none of the 60,000 dentists now held a license to practice outside the State of Rhode Island, and so all were unavailable except to the handful of the population that could manage to come in across the borders of the state.

Soon thereafter, an epidemic of tooth trouble broke out in Texas. A frantic search quickly revealed that not a single purveyor of relief could be found in the entire state. Worried citizens thereupon concocted a ten word telegram to Rhode Island, requesting an immediate shipment of some 3,500 dentists. The tail of the telegram was somewhat lengthy, consisting of the signatures of 5,800,001 Texans.

In due time, collect, came the answer as follows:

WE CAN'T BE BOTHERED TAKING THE TEXAS STATE BOARD EXAMINATIONS WE RE-

How the American Dentist entered upon his liberty and the pursuit of that happiness to which he felt himself constitutionally entitled.

FER YOU TO MAHOMET AND THE MOUNTAIN BEST WE CAN DO IS TO ARRANGE EXCURSION RATE FOR YOU WITH RAILROADS AND AIRLINES

SECRETARY R. I. DENTAL PROTECTORATE

Before long Oregonians, Virginians, Floridians, Dakotans, et al., were in the same sorry plight as the Texans. Hollywood was in deep mourning. The populace of the entire country began to realize that each state had erected about itself a barrier which the Rhode Island dentists were in no wise eager to hurdle.

Spurred on by the greatest odontalgia in history, the afflicted citizenry of the various states made urgent appeal to their representatives in Washington to do something hasty unlegislating. But these demurred, explaining that such weighty problems as disarmament, the tariff, the budget, and prohibition repeal came first. Apply again, advised the solons, if and when the administration should change.

Now it chanced to pass, at that time in the City of Washington, there dwelt, on the shelves of the Smithsonian Institution, two full-blown specimens of the genus toothache. Deponent is reluctant to charge that strategy was employed; nevertheless, the female of the species escaped and bit the White House Spokesman and every member of Congress so severely that all the business which had previously seemed so urgent was immediately tabled in favor of a National Dental Relief Act.

It took just twenty-four hours for the Supreme Court, the Interstate Commerce Commission, and the Liquorsham Committee to arrive at a finding to the effect that the various dental state boards had violated the Sherman Act in Restraint of Trade, and that they were subject to fine and dissolution.

Although this finding was extremely broad, it withstood all assaults upon it. One owner of a large dental laboratory tried to appeal the decision, claiming that dentistry is a profession and not a trade. He, however, dropped all litigation upon being presented suddenly with the ambassador's portfolio to Afghanistan, where he may still be spending an innocuous existence, for all I know to the contrary.

Expert engravers from the Federal Bureau quickly designed and printed a handsome National Dental License. Soon, each of the 60,000 dentists in Rhode Island received a copy, and their exodus began.

Alas for the dentists! Theirs

Spurred on by the greatest odontalgia in history, the afflicted citizenry of the various states made urgent appeal to their representatives in Washington to do some hasty unlegislating.

was merely a pyrr (o) hic victory!

For with each National License came the appended set of instructions:

"The Federal Government, ever seeking the welfare of its citizens, now assigns to each dentist a list of 2,000 closely assembled patients to be cared for at fees to be hereafter standardized. No permanent restriction as to locality of practice is imposed upon any dentist. All that is required in the event that a dentist desire to move his office elsewhere, is for him to turn in his list of patients and advise us where he desires to practice. When a similar request emanates from that locale, the transfer may then be effected.

"(signed) U. S. Secretary,
Department of Stomatology."

And that, girls and boys, was how the American Dentist entered upon his liberty and the pursuit of that happiness to which he felt himself constitutionally entitled. Only, somewhere along the Road of Good Intentions, he discovered his new-found golden treasures to be merely iron pyrites.

MORAL: EVERY SILVER LINING HAS ITS SEAMY SIDE.

192 East 75 Street
New York, New York

YOUR A.D.A. SECRETARY
HARRY B. PINNEY, D.D.S.

(PORTRAIT ON COVER)

DOCTOR PINNEY, on being requested to enlighten an anxious and palpitating world with a few facts regarding himself, showed that exquisite shyness for which he has so long been famous.

He graduated from the Chicago College of Dental Surgery in 1900 and engaged in general practice for some twenty years, at which time the query first propounded by Bill Nye came to him with crushing force—"Why go on?" Being a man of superb daring he came back with, "Why, indeed?" and promptly abandoned general practice to engage in exodontia.

Some ten years ago he stopped pretty nearly everything he was then doing to become president of the Chicago Dental Society.

Life has never been the same for those who missed seeing him preside at the Annual Meeting of that organization in 1922. It is perhaps also true that life has never since been the same for those who *did* see him preside.

Elected secretary of the A.D.A. in 1927, he modestly states over his own signature that he "has done nothing since"! However, as usual, his modesty takes too much liberty with fact.

Harry B. Pinney has for many years been one of the splendid formative and progressive forces in the dental profession; that he may for many years continue along the line in which he has thus far so brilliantly and deservedly progressed is the sincere wish of all who know of him and his constructive efforts for the benefit of the entire dental profession.

Feb -1933

LINDBERGH'S
Maternal Grandfather:
C. H. LAND, Dentist

By LAWRENCE PARMLY BROWN, D. D. S.

IN Every and Tracy's *Charles Lindbergh: His Life* (1927) it is suggested that the famous aviator's physical and moral courage, self-reliance and endurance were inherited from his paternal ancestors, while "From his maternal side would seem to have come the experimental urge so dominant in him, the instinct to try something that had never been done before, and his simplicity, modesty, and tact." These biographers doubtless have Lindbergh's mother in mind when they refer to his heritage of "simplicity, modesty, and tact," while his "experimental urge" is recognized to have come from his mother's father, Charles H. Land, the dentist. But that no small share of the aviator's moral courage and self-reliance came from his maternal grandfather is especially evident from the history of the outstanding episode in the life of Doctor Land.

The aviator's father, Charles Augustus Lindbergh, Sr., was a lawyer, a politician, a pacifist, and an agnostic, and altogether a man of great moral courage, as we know from the lengthy account of his life in *The Lindberghs,* by L. and D. B. Haines (1931). His first wife died in 1898, and in 1901 he married Evangeline Lodge Land, the only daughter of Dr. and Mrs. Charles H. Land. The marriage occurred in Doctor Land's house, 1220 Forest Avenue, Detroit, Michigan, and in the same house Charles Augustus Lindbergh, Jr., the future aviator, was born on February 4, 1902. He is the only child of his parents, for not long after his birth they became estranged and never again lived together. The future aviator was reared by his mother, but as a boy spent much of his time with his father, and also made extended visits with his maternal grandfather in Detroit.

Every and Tracy say, in their *Charles Lindbergh*:

"Fancy can easily trace the beginnings from which Lindbergh developed his flight to Paris, back to the dentist's office of Dr. C. H. Land . . . Dr. Land was exceedingly fond of his grandson, and extended to him the particular privilege of

That no small share of the aviator's moral courage and self-reliance came from his maternal grandfather is especially evident from the history of the outstanding episode in the life of Doctor Land.

visiting his dental offices and permitting him to give that youthful 'help,' the value of which any mother of such a child can well appreciate . . . 'Undoubtedly Charles first became fascinated with machinery in my father's office,' Mrs. Lindbergh said . . . 'My father had a suite full of curious appliances, wheels, pulleys, belts, levers and such things. He used to take Charles with him into his office, and Charles would spend hours there, watching and tinkering with the machines.' "

According to the obituaries of Charles Henry Land, in *The Dental Summary* for September, 1922, and *The Dental Cosmos* for November, 1922, he was born in Simcoe, Ontario, Canada, on January 11, 1847, the son of John Scott and Sarah (Hayden) Land; received his early education in the public schools of New York City and Brooklyn; began the study of dentistry in 1864 with J. B. Meachem, of Brantford, Canada; in 1866 entered the dental offices of M. B. Sherwood, L. P. Haskell, and W. W. Allport in Chicago, and from 1871 till shortly before his death, on August 22, 1922, practiced independently in Detroit.

According to the book *We*, by Charles A. Lindbergh, the aviator, Doctor Land's father came from England and was one of the founders of Hamilton, Ontario.

Doctor Land married Evangeline Lodge in 1875, and their

children are Mrs. Evangeline Lodge Lindbergh (the aviator's mother), and Charles Henry Land, Jr., both now living in Detroit, at the same address.

Nearly all of Doctor Land's earliest articles in dental journals (1877-85) are on improvements suggested by him in artificial teeth and dentures, and in 1885 he published a booklet entitled *The Scientific Adaptation of Artificial Dentures.* He had no college degree conferring the title of doctor, but as a dentist was called doctor by courtesy, and so announced himself, in accordance with a custom of his time.

Beginning about 1882 he devised several methods of making and attaching porcelain dental inlays (with platinum matrices), and also more extensive restorations of porcelain, including "sections" or "partial crowns," and entire crowns with and without posts. His most notable invention is the crown without a post for stumps with vital pulps, which he first made with a porcelain facing on a platinum shell, and finally of porcelain only, the latter type being the all-porcelain "jacket crown" of the present time. He secured patents on these inventions and on gas furnaces for porcelain baking (1887-91). He demonstrated his methods at many dental society clinics and described them in some twenty articles in dental journals (mostly between 1885 and 1900).

He did much for the development of minor porcelain restorations in dentistry; but, of course, was not "The Father of Porcelain Dental Art," a designation given him by H. Ziegler in the title of a laudatory article in *The Dominion Dental Journal* (of Canada) for 1905. This designation reappears in Lindbergh's *We*, where we read:

"My grandfather was constantly experimenting in his laboratory. He held a number of patents on incandescent grates and furnaces, in addition to several on gold and enamel inlays and other dental processes. He was one of the first to foresee the possibilities of porcelain in dentistry, and later became known as 'the father of porcelain dental art.'"

Early in 1888, Doctor Land issued a booklet entitled *Porcelain Dental Art,* in which he describes his porcelain inventions and furnaces, and announces the formation of the Porcelain Dental Art Co., and the National Hydro-Carbon Furnace Co., both with the address of his dental offices, 264 Woodward Avenue, Detroit. (According to the Supplement, 1889, he had then secured entire control of both companies.)

In the same booklet he advertises that the former company, with himself as president, will license dentists to use his patented inventions, and that he will personally give a practical course of instruction in his methods, both for stated fees. (In his *Illustrated Epitome of the Land System,* a booklet issued in 1892, he still adver-

tises his licensing of dentists and announces his Detroit Post-Graduate School of Dental Art; but he mentions neither in *A Study in Aesthetic Dentistry and Re-enameling of the Human Teeth or Porcelainizing the Usual Environment of Decay in Vital Teeth,* issued by him in 1911.)

Doctor Land also resorted to newspaper advertising of his methods as employed in his private practice, which led to the outstanding episode of his life, as mentioned above. This unethical advertising, as well as his demands for license fees, immediately aroused the opposition of the more conservative men in his profession; but he was thoroughly convinced that he was right, on both professional and business grounds, and he had the moral courage to persist in his course and to defend it with ardor.

The offending advertisement, as it first appeared in *The Detroit News,* January 16, 1888, is as follows:

(Illustration)

BADLY DECAYED TEETH

Can be restored to their original appearance so perfectly that the art is concealed, by

DR. C. H. LAND'S
NEW PORCELAIN PROCESS

These improvements make it possible to restore every condition of decay to their original appearance in shape, size and color.

(Illustration)

Undeveloped teeth can be enlarged to their proper size and made to appear perfect. Old roots can have artificial crowns attached to them, and when made to antagonize become as useful as ever. Large and conspicuous gold fillings can have porcelain sections placed over them, and thus hide their glaring appearance. Devitalized teeth that have become discolored can have an artificial coat of enamel placed over them and be so thoroughly renewed in appearance that the art is concealed.

(Illustration)

The above illustrates a practical piece of work, indicating the amount of porcelain added in order to restore the original shape, size and color perfectly. By appointment see specimens of this work, that have been in use from three to six years, at the office. Send for descriptive pamphlet.

264 Woodward Avenue.

Late in 1888, Doctor Land published a booklet on *The Inconsistency of Our Code of Dental Ethics,* in which he sets forth the history of this episode, together with a copy of his newspaper advertisement, slightly curtailed. From this booklet we learn that in March, 1887, he had been invited by the officers of the Section of Dental and Oral Surgery of the Ninth International Medical Congress to become a member of that Congress, but that he received the following letter from the secretary of the dental section on July 13:

Dear Sir:

Dr. Taft, the President of Section 17, I. M. Congress, directs me to say to you that the enclosed advertisement disqualifies you to become a member of the Congress, such advertisement being a violation of the Code of Ethics.

This, however, does not shut you out from exhibiting your furnace or

demonstrating your work—occupying the same position as other exhibitors do.

To this Doctor Land replied on July 15:

Dear Sir:

Referring to your favor of the 13th, I understand that the primary motive of the Code of Ethics is to prevent quackery, cheating, misrepresenting the truth, etc., and if I felt guilty of such proceedings your President's decision would be justified. On the contrary, if I am to infer that your Code of Ethics is so arbitrary as to prevent me from making a judicious use of the public press or any other legitimate way of disseminating the truth to the public, then my only resource will be to observe the rules of our profession as non-republican in spirit, and adverse to the best interest of progressive men . . .

Under the circumstances you cannot consistently expect me to take part in any of your sections or proceedings.

On August 3 he wrote:

To the President and Members of the American Dental Association:

Gentlemen: Being the inventor and patentee of several improvements in the Art of Dentistry, which require modes of handling contrary to the rules of your ethics, I therefore ask that my name be stricken from the list as a member.

The following statements by Doctor Land are also from *The Inconsistency*:

. . . But when your code of ethics distinctly prohibits the judicious use of the public press and all other legitimate means of advertising, it oversteps the bounds of reason, becomes despotic in its nature and adverse to the best interests of progressive men . . . the penalty being expulsion from the society. This practically is a proclamation that it is dishonorable to make a judicious use of the greatest of all mediums for the dissemination of the truth . . . Do they [the makers of the code] take into consideration that thousands of people are suffering from badly decayed teeth and resorting to the barbaric methods of extraction* simply because you have failed to provide a literature that the public might be made aware of the rapid progress made in modern dental art?† . . . Nay, you have gone still further. Your code practically nullifies one of the most generous acts of our government when it prohibits members from dealing in patents. Perhaps no class of men needs to be remunerated for their inventive genius more than those who follow a profession, with limited means . . . Yet in the face of these facts your efforts are to completely annihilate every prospect of the inventor [who is a dentist], and as a result you force his hard-earned bread into the hands of the dental manufacturer, to whom you seem perfectly willing to pay that which belongs to the inventor . . .

In consideration of the adverse feeling of all Dental Societies who uphold an exceedingly arbitrary code of ethics and are bitterly opposed to patents and the judicious use of the public press, I feel justified in protecting my interests. Having secured patents on my inventions, it will be my privilege not to allow any one the right of use until it is agreed to judiciously advertise the same in the public press . . . I am sure that it becomes our duty to

*On p. 35 of *The Inconsistency* we are told that Doctor Land had a sign at the entrance of his office announcing, "No Teeth Need be Extracted."

†Such literature is now supplied by or through dental associations, in the form of newspaper articles, which are supplemented by radio talks and school exhibits. In other words, the advertising of dentistry (of dentists in general) has come to be considered an ethical service to the public. Therefore, Doctor Land was not entirely wrong.

publicly announce the benefits to be derived from any source . . .

I have found it necessary to withdraw from all dental societies . . .

However wrong we may judge Doctor Land to have been, in the higher professional view, we must recognize his moral courage, self-reliance, and independent spirit in his defiance of the full strength of a well-organized profession.* And there can be no doubt that the double portion of the same traits in the character of the aviator, Charles A. Lindbergh, Jr., was inherited in part from his father and in part from his maternal grandfather, Doctor Land.

That some of Doctor Land's mechanical genius and inventive ability was also inherited by the aviator has lately become especially evident from the latter's experiments in the Rockefeller Institute for Medical Research, where he has devised an improved centrifuge which separates the red corpuscles from the rest of the blood and simultaneously washes them, for the purpose of preserving them alive in a test tube (Reported in *Science* for May, 1932.)

*In dental literature, the episode in the life of Doctor Land outlined above appears to belong to the most notable case of advertising by a reputable dentist.

315 Washington Street
Peekskill, New York

GIRL COLLECTS TEETH

Working as assistant to Ralph Clidden who has been digging into the graves of the channel Indians, Kay Brown made it her unusual job to collect the teeth of the long extinct Red Men. Today she proudly shows the greatest collection of teeth in the world, a tray filled with enough molars to equip three thousand Indians.

Reasonable Skill *and the* Patient

By O. E. Gilleland, D. D. S.

When a patient seeks the services of a dentist for relief or correction of oral conditions he can legally expect only reasonable skill. Too often this is all he receives although the operator's ability is above the ordinary. The blame can not be placed entirely on either the dentist or the patient; but is due to many factors which can not always be controlled. Far from leaning heavily on the protection of this legal safeguard, the profession strives to bring all the skill possible to each individual case, but when this can not be done the operator feels he has at least improved conditions and afforded the patient some measure of relief. The factors controlling the amount of skill which may be applied to a given case are many; but may be generally classified as due to ignorance, finances, nervousness, and carelessness. The last is the fault of the dentist.

Let us examine the last named cause first. Some men slip unconsciously into the habit of hasty examinations with nothing but an explorer and a mouth mirror. Hasty examinations of this sort are often the cause of loss of confidence and quick realization on the part of the patient that little care and skill were expended at a time he expected and hoped for all the skill possible. Discovering and diagnosing all the pathological conditions in a given case require considerable skill, but more than this they mean time and painstaking concentration which the operator is reluctant to expend when he is not sure it will be appreciated. Slipping into this habit is detrimental to both the dentist and his practice.

Not long ago a dentist with a growing practice and excellent prospects was heard to remark to a colleague that since the depression he was even filling small pit cavities. With fewer appointments and more time on his hands he was doing work that he formerly passed up and allowed to leave his office undone. The desire to finish up a patient, so that he or she would not become irked by long continued visits, motivated his habit of allowing small pit cavities to slip by until some later date. Later, of course, meant when the cavities had become large enough for the patient to notice them. That atti-

tude is inexcusable and meant patients were being dismissed under the impression all cavities were filled and the mouth in good condition. Leaving them under that impression was not even giving "reasonable skill."

Too often on examining a new patient, faulty preparations and restorations will be found side by side with carefully prepared and excellently placed restorations of similar character. In cases of this kind it is self-evident one operator was exercising only "reasonable skill," while excellent work on adjacent teeth made it obvious that it was not the fault of the patient.

Fortunately the charge of carelessness against the dentist is only occasional and the reproach is mild when all things are taken into consideration. The man located in a poor industrial district lapses into habits he would never form were he practicing in a neighborhood where he could do something more than emergency work. As a whole, the use and abuse of "reasonable skill" lies with the patient as does the correction of the evil. When the factors which affect the patient are modified or removed the application of more and more skill is generally perceived.

One of the foremost factors which loom up as an obstacle to skill is ignorance. Hard to combat, and unable to appreciate painstaking effort, ignorance forces dentistry into performing operations of inferior character under the threat of refusing any treatment whatever. People who are ignorant of mouth hygiene and the benefits derived therefrom generally refuse any but the simplest of treatment and then only upon compulsion when the pain of an aching molar can be withstood no longer. Little skill is required and work of this sort is irksome to the highly skilled operator who feels his talents and training are wasted. On this class of patient time expended attempting to show them the benefits derived from skillful work is wasted; and explaining to them that refusing to take advantage of all the skill that dentistry offers is like a thirsty man refusing a drink of water only brings forth the remark that "teeth don't count anyway." Such is the complacency of ignorance.

The next factor to be considered is one of finance and this problem is one of growing concern to dentist and public alike. Much has been written on the subject and its discussion is heard everywhere. Due to its touching the dental income as well as the patient's welfare, the matter has become controversial. It is not the intention here to mention either side of the controversy, but to point out the patient's loss when the skill received is of the reasonable variety due to the inability of the patient to pay for expensive restorations requiring all the skill at the operator's command. Everyone feels sorry for the person who must forego some dental appliance for lack of finances and who is unwilling to ask for charity; but little sympathy

should be given the individual who feels dental skill is too highly priced and subsequently has inserted cheap unskilled work. Unsatisfactory from every standpoint, this work soon gives way and the patient condemns the whole profession.

Anything other than highly skilled work tends to become a boomerang. Patients that request cheap restorations are often surprised to hear that carefully placed work requiring more time and skill, thereby increasing the fee, will often save them money, for work carefully done early in the game will postpone for an indefinite period large expensive restorations. When the patient realizes "reasonable skill" is costing them more in the end they will stop using their own judgment and rely more on the advice of the dentist.

The other factor governing the skill the patient receives is one which gives the dentist the most trouble in many cases, because of the patient's refusal to co-operate. The nervous individual receives the maximum of skill with a minimum of result, which tries the dentist's patience and often means sketchy, haphazard work.

Neurotic individuals with an acquired anti-dentist fixation lose heavily in the race for dental health, for it is almost impossible to do other than emergency work even when they summon the courage to come to the office before decay has progressed beyond the saving point. Obviously in these cases the skill applied is largely psychological rather than mechanical and the dentist unable to control nervous patients can offer little but "reasonable skill." Often the use of sedatives or the judicious use of local anesthetics will allow the operator to prepare and fill cavities more skillfully, and when this is done the patient is generally appreciative. This appreciation often means enthusiastic recommendation to friends and relatives, so that the increased skill and patience expended inserting satisfactory restorations is amply repaid, although of course the individual should be charged a proportionate fee according to the amount of patience and psychological skill required to operate. The nervous patient has little complaint to make from the standpoint of attention, but many of them complain about the character of completed work after they have hindered construction in every possible way. This criticism is unjust in the extreme but no doubt it often hurts the operator's practice.

The remedy for the entire situation is education. Individual factors governing skill and results can not be controlled by either the dentist or the patient and misunderstandings arise when the dentist proceeds on the basis that the patient knows what he wants, with consequent dissatisfaction when the results are not what the patient expected.

When patients are not informed that elongation of opposing teeth occurs after extrac-

tions they will often absent themselves from the office for so long a period that a genius could not insert a proper bridge in the allotted space. Were each patient instructed in the value of immediate attention and were he sufficiently impressed to have the work done, more skill could be exercised, with the patient profiting by it. Education is needed too, in convincing patients x-rays provide the operator with knowledge of conditions which will enable him to do better work than could otherwise be expected. Patients often voice the opinion that x-rays are an added expense which is not necessary and knowledge about their value will prevent many accounts from being settled with a grumble. If patients can be convinced that the amount of skill the operator can offer declines in a direct ratio to the time they postpone having restorations inserted, then the dentist will be kept busy doing work that could oftentimes never be done when the patient felt ready. When patients are educated to the value of highly skilled treatment then it is up to the dentist to provide it. To do this modern equipment is necessary along with knowledge of up-to-date methods gleaned from dental magazines and conventions. All this will greatly aid in building toward an ideal practice.

The ideal practice is one which permits the dentist, with the consent and full co-operation of the patient, to restore the mouth to as near normal as dental science can restore it. It is one which has full confidence in the dentist's knowledge and comes to the office with no preconceived ideas on how the work should be done. Lastly, it is one which recognizes highly skilled work, appreciates its benefits, and pays the resulting fee promptly. No dentist with this type of practice ever offers "reasonable skill."

Bloomington, California

HELP

In these days of automobile collisions, the information which Dr. Beckwith-Ewell requests below should be available from a reader of ORAL HYGIENE.

Answers bearing on this question may be sent to ORAL HYGIENE or to Doctor Beckwith-Ewell direct.

"The question of the value of a tooth or teeth lost through accident or in cases where a valuation must be placed on the lost member has been coming to my attention recently.

"Can you advise me if the courts have set up any uniform value and if there are any decisions or awards that have been made and more or less generally accepted?"—STARR L. BECKWITH-EWELL, D.D.S., *Suite 1114, 750 Main Street, Hartford, Connecticut.*

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

For Doctor Elder

I wish to thank you for the article, "What Can the Dental Society Do for Me?"* I think it is a fine article and very well presented. As your magazine reaches many dentists that the dental society publications do not, it should be most helpful. I intend to write a letter to each delinquent member in my district and call his attention to this article. It certainly seems to me that it should wake some of them up.—M. M. LUMBATTIS, D.D.S., *Membership Committee, Illinois State Dental Society*

Open Letter on Reciprocity

To those persons who are always complaining about the unfairness of Dental Boards, an open letter:

If we did not have the controlling influence of our Dental Boards, most of the dentists of United States would be concentrated in about four or five states.

During normal times when workers receive just compensation for their services, Ohio, Pennsylvania, Michigan, and New York would be overcrowded, except for the more or less invalid of our profession who would flock to Colorado, California, Arizona, and New Mexico.

The writer of this letter has served on the Ohio State Dental Board for five years and Ohio has reciprocity with four states and the District of Columbia. During the past five years we have seen applicants from a few of the states with whom we have reciprocity, seeking to take advantage of our reciprocity agreements, and the large, the very large, majority of these had all the earmarks of failures who at varying ages were trying desperately to establish a new foothold in those pastures which by virtue of distance always look greener.

In a recent issue of ORAL HYGIENE appeared a contributed

*ORAL HYGIENE, September, 1932, p. 1665.

article* by some person belittling the personnel of Dental Boards in general. Again, the writer of this article has served on various committees of the National Association of Dental Examiners and has found the men on Dental Boards throughout the United States to be men of a rather high type of professional ability and a very fine and fair lot of gentlemen.

The insinuation that the only requirement to appointment on our Dental Boards is political influence is an insult not only to Board members but to the governors of our various states who, in the majority of cases, are influenced to a large extent by the professional endorsements which the applicant receives.

Surely no governor would be so foolish as to appoint men who were absolutely distasteful to their brother dentists, and surely no dentist would be so irrational as to wish to serve on a Dental Board with the knowledge that he did not have the good will and moral support of the dentists of his state.

The writer always wants to fight when he reads articles derogatory to Dental Boards and his fellow workers on various Dental Boards in this country.
—H. VAN VALKENBURG, D.D.S., *Member of the Ohio State Dental Board*

Another View

I have just finished reading an article in the November issue of ORAL HYGIENE* from Dr. Burke W. Fox, entitled "Something For Nothing," which has considerable merit in general, but to my mind is very unfair to the Veterans' Bureau and shows that Doctor Fox is not at all familiar with the methods of the Bureau in regard to dental treatment for the veterans of the World War.

Contrary to Doctor Fox's statement, the Veterans' Administration does not furnish treatment to ex-soldiers for dental disabilities arising within the last few years except in cases where such dental disabilities occur in patients who are now suffering from a service connected disability in which the correction of such dental disability would, in the mind of the medical officer in charge of the case, benefit the service connected disability. Dental treatment is given then as an adjunct to the treatment of the service connected disability.

Any other treatment furnished by the Bureau for dental disabilities must be proved to be of service origin, or to have existed at time of discharge or within one year thereafter.

The veteran's dentist, known as the designated dentist, is not required to make an affidavit of any kind whatsoever, and the only statement that he makes refers to the present condition of the claimant's mouth and reads as follows: "I hereby certify that I have carefully examined the mouth of this claim-

*ORAL HYGIENE, October, 1932, p. 1881.

*ORAL HYGIENE, November, 1932, p. 2052.

ant and the above report depicts the condition found therein."—HARLEY CAWTHON, D.D.S., *Tampa, Fla.*

Inferiority Complex not Necessary

I am a careful reader of your interesting little magazine. Frequently those engaged in the practice of dentistry are pictured as being incompetent, unskillful, lacking in good judgment, etc. Are we really so far inferior to those engaged in other lines of endeavor? How about the surgeon? I have known supposedly good surgeons to leave surgical sponges in the abdominal cavities of their patients. A patient of mine recently died and her husband told me that the cause of her death was part of an infected tonsil left after a tonsillectomy.

How about the banker? How thorough a mastery has he of his profession? Have there been any bank failures in the last few years? Have any people lost money as the result of following their bankers' advice? Several thousand bank failures answer that question.

How about the optician? Do the eye-glasses he furnishes his patients, as a general thing, prove much more satisfactory than the dentures we furnish our patients? The writer has about eight sets of glasses all furnished by supposedly good opticians; some of them he has never used at all; others he uses only with difficulty. He would much prefer good natural eyesight to any of them yet people think that we should provide artificial dentures that are in every way better than good natural dentures.

How about the lawyer? Has he, as a general rule, a much better mastery of his profession than the dentist has of dentistry? Ask someone who has had a wide experience with lawyers. I, fortunately, haven't, but I have done dentistry for many of their stenographers and private secretaries and they have told me that the mistakes and blunders of the lawyers are not at all rare; in fact, they say that some of the lawyers' blunders are so inexcusable as to be almost shameful.

I think that the dentist has at least as great, or even greater, mastery of his profession than any of these other professional men have of theirs. The more I see of the work of men of other professions, the prouder I am of the dental profession. Our work, I am positive, will compare very favorably with the work of any of them. We also exercise, I believe, more care and are more concerned when things do go wrong.—N. P. SHEARER, D.D.S., *Kenosha, Wis.*

How Important to the Public is

PROFESSIONAL SALESMANSHIP *by the* DENTIST?

By GEORGE WOOD CLAPP, D. D. S.

IN our fourth article we asked ourselves how important salesmanship inspired by professional knowledge and guided by professional ethics is to the dentist's professional and financial success. We found it very important to his financial success, and, while that does not insure professional success, it does more to make it possible than poverty can.

Remembering that we have defined salesmanship as the art of persuading somebody to buy and pay for something, let us ask ourselves how important that art is, when inspired and guided as has been mentioned, to the physical and financial welfare of those who are persuaded to buy. An effort will be made to show that when that art is wisely ordered and well conducted, it confers such benefits on those who are persuaded by it that a much greater and better exercise of it is in every way desirable.

Why should it be desirable that more of it should be exercised?

Because perhaps ninety million people in this country are suffering from or are on the road to suffering from dental deformity and disease. If they are allowed to go on as they will continue to go unless they are persuaded to do differently, much of the deformity may become incurable and the destruction from the disease may unfavorably affect facial appearance, comfort, health, efficiency, and length of life. If each dentist will teach those people who come properly within the sphere of his influence what kind of service to buy and will qualify himself to render that service at moderate fees—a thing which the profession, speaking general-

*This is the sixth of a series of articles dealing with salesmanship in dentistry. The seventh will appear next month. A summary of the previous articles appears at the end of this one.

"The importance of good professional salesmanship by dentists to their public—which is merely imparting good health information in an understandable and persuasive form—is beyond the power of words to measure. But watch out! The telling of that story and rendering of the service it calls for demand a wider knowledge and finer skill than most of us have been called upon to exercise in the past."

ly, is not yet mentally, professionally, or technically qualified to do—he can prevent much of the deformity and destruction, can maintain improved appearance, increase comfort, strengthen the grip of health upon the person, and sometimes lengthen life.

Dental salesmanship can render economic benefits perhaps second in value only to the physical benefits from dental service. It can place the best of professional service at the disposal of the public at from 40 per cent to 60 per cent less than the service of repair and replacement now costs. In some cases the reduction in the cost of medical care which results from this kind of dental care (or is surprisingly coincident with it) is sufficient to pay for the dental work and leave a surplus. Doctor Owre tells the story of a family in which professional dental service reduced the cost of medical care from $800 per year to about $10.

Any dentists who have read this far will have a right to ask, "How can we render such service, and what will become of our earnings?" The title of this paper does not permit a discussion of the professional knowledge, or technical skill required, further than to say that most of us will require a sort of mental new birth so that we can get the conception of health which Doctor Fones has been trying for many years to give us, as a definite and positive force by which we live, move, and have our being, which requires only that hindrances to its function imposed by living habits out of step with the requirements of the body should be removed, that necessary repairs should be made, and that a little well-planned assistance should be rendered at regular intervals.

We shall have to get out of the kindergarten of economics in which most of us have been content to remain into the broader field of the application of eco-

nomic principles to the welfare of others, instead of merely trying to make money for ourselves. When we have learned the wonderful sales story that dentistry has to tell and can tell it with as much common sense and skill as would be required to run a store, there will be no need to be anxious about our earnings. They will probably be better than are possible to half the dentists in the United States under the present economic plan.

Let us get back to a consideration of the practical importance of salesmanship by the dentist to his public. He needs to teach his public many things, among which the following are very important:

1. That the elements of health, fairly good looks, working efficiency, and long life are present in most of us.

2. That living habits out of step with the requirements of the body interfere with the best expression of the health-force and may cause disease, deformity, destruction, and death. They also lower the resistance to infectious disease.

3. That evidences that something is interfering with the health-force may be visible in the mouth before they appear as symptoms elsewhere in the body.

4. That if evidences of such change appear in the mouth, it is probable that such change is occurring or will occur elsewhere in the body.

5. That if such changes can be prevented, or arrested, or corrected in the mouth, it is reasonable to suppose that they will also be prevented, or arrested, or corrected elsewhere in the body.

6. That dental professional knowledge, supported by good craftsmanship, can do much to remove the hindrances to the health-force and to arrest the progress of deformity and destruction, at moderate cost.

7. That the craft of dentistry alone is unequal to this form of service. It knows nothing about diagnosis, cure, or supervision of service and not enough about prescription.

Why should a story based on such facts as these be interesting, important, or persuasive? Apply a little of it to your own life.

Suppose that you are a business man forty-five years of age and that, by arrangement with the dental society, I speak in your city before the Rotary Club, of which you are a member, as I have done before Rotary, Lions, Kiwanis, and other similar clubs in many parts of the United States.

In the course of the talk I call attention to the fact that, on the average, American business men begin visibly to lose their health at about forty years and die at an average of sixty, both of which statements run with your observations.

Then I point out that the failure of health and the premature death have, in many cases at least, not come about so suddenly as may appear to be the case, but that the way for them has been paved by, or they have

Each dentist should teach those people who come properly within his sphere what kind of service to buy and should qualify himself to render that service at moderate fees.

resulted directly from a series of changes in the body, which, slight at first, progressed without observation or appreciation for many years until they became incurable. As instances of diseases made possible or directly caused by such changes I mention constipation, organic heart disease, diabetes, neuritis, arthritis, and cancer. Among the diseases against which the resistance has been broken by such changes are colds, influenza, tonsilitis, pneumonia.

Suppose I tell you that long before there were any symptoms in the heart or blood-vessels or any pneumonia, signs of changes in your body—which might very well pave the way for these and other diseases—might be seen in your mouth by the discerning dentist, and that by his advice and service and your cooperation those changes might be arrested, or at least retarded, with the probability that you would enjoy more years of health and efficiency than you otherwise would. Do you not think that such a story would enlist not only your attention but your interest and action? If you do not, you should be at some of these meetings, where for thirty minutes you could hear a pin drop, and where sometimes men have stayed for an hour afterward to ask questions which would relate the story more closely to their lives.

At such a meeting I recommend to those present that they have a complete examination of the mouth, with a report as to all the conditions and a plan for putting it into such health as is possible and for keeping it healthy. Imagine that on the way from that meeting to your store you call upon your dentist for such an examination and report. He knows his busi-

ness and can do what is required. You get service which is of inestimable value to you, and he gets regular and profitable patronage.

Now picture to yourself what happened in one case. The story had fitted itself very closely into one listener's physical condition, his needs, and his thought. He went directly to his dentist, told him what I had said, and asked for the examination and plan. The dentist looked in his mouth and replied: "What that fellow said about the effect of living habits on your mouth and about your mouth as a barometer of health is all the bunk. You need a partial plate, and I can make you a good one for $75." The business man telephoned me at the hotel and said, "No member of my family will ever again cross *that* dentist's threshold." These are rather extreme illustrations of the functioning of the profession of dentistry and its craft.

The importance of good professional salesmanship by dentists to their public—which is merely imparting good health information in an understandable and persuasive form—is beyond the power of words to measure. But watch out! The telling of that story and rendering of the service it calls for demand a wider knowledge and finer skill than most of us have been called upon to exercise in the past.

SUMMARY OF PREVIOUS ARTICLES

Two kinds of salesmanship can enter the business of practicing dentistry: (1) the kind proper to a profession, in which the profit to the buyer is greater than the cost; (2) high pressure, which is unjustified in a profession. The dentist is using the best kind of salesmanship when he proposes dental service that meets the patient's physical, social, and financial status.

The dentist has two things to sell: his personality which is the expression of his ideals, his capacity, and motives; and also his service, which should include professional knowledge, technical skill, vision, and honesty. He must sell himself before he can sell his service. He ought to have something more than merely himself to sell.

In contrast with the careful training of salesmen and managers which necessity has forced upon chain store owners, the young dentist enters practice without commercial preparation and without tested knowledge of his fitness to succeed in a combination of a business and a profession which demands more business ability than business alone.

Salesmanship is as important to the dentist as professional knowledge and mechanical skill, for good salesmanship makes it possible for a man to become a better dentist than he could otherwise be and of greater benefit to his patients.

Present economic conditions require adjustments in dental fees and in the methods by which patients pay them. It will be found that the dentist who is busy, who is meeting his obligations and installing necessary new equipment has made this adjustment successfully.

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New York, New York

Ask ORAL HYGIENE

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Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Diet and Calculus

Q.—We see a great amount of calculus in the mouth. Could this mean a high amount of ionic calcium in the blood, or vice versa? By the same token, would decalcification ensue if there were a deficiency of calcium in the blood? This same question, among others, was asked of Doctor Price.

Is there any relation between decalcification and hyperacidity? Various of the following are used to arrest decalcification: calcium lactate and thyroid, orange juice, vicaperol, green leafy vegetables, cellulose, fruit, and cod liver oil. Will the same diet correct hyperacidity? Is there any better routine? Is there anything that will correct an overabundance of calculus? —G.V.W.

A.—Dr. G. V. Black demonstrated a good many years ago that the amount of salivary calculus was in direct relation to the ingestion of food, that is, the more he ate in his experiment the greater was the amount of salivary calculus. Since people are eating less and eating better balanced diets I notice much less salivary calculus, so I think we may be safe in saying that there is a direct relation between food intake and calculus. I don't believe there is any direct relation between blood calcium and salivary calculus, or even serumal calculus.

Doctor Price is much better qualified to answer your question about decalcification and a case of a deficiency of calcium in the blood. I don't believe there is any direct relation between decalcification, that is if you mean decalcification of the long bones, and a temporary

hyperacidity or acidosis. In a permanent condition there naturally would be some relation.

With regard to diet I would say that calcium lactate and thyroid extract should be used only under the direction of a physician for a specific condition and not as an adjunct to a diet. Vicaperol is a proprietary preparation and I wouldn't advise its use as a part of a diet. A high vitamin C diet would tend to correct acidity, that is, an acid end reaction in the cells. If you are speaking of an excess of hydrochloric acid in the stomach, that should be taken care of under the advice of a physician.—GEORGE R. WARNER

Broken Canal Reamer

Q.—I have a patient with a broach reamer broken off in an upper central. It extends down to about the middle of the root and apparently the point extends through the apex of the root as it causes pain when agitated and does not appear to be tight. After several attempts I have been unable to get it out. Can you give me some advice? —H.B.F.

A.—According to an article in the *Journal of Dental Research*, copper sulphate will dissolve a steel broach within a root canal. The technique employed by a root filling specialist is to dehydrate the canal thoroughly, to open around the imprisoned broach as much as possible and then to get a very strong solution of copper sulphate as far around the broach as it can be worked. This is left in place a few days, the temporary filling removed, the canal washed out and a fresh solution introduced which should be left a few days.

When the broach has been broken down enough so that you can see that it is smaller than it was, you might attempt to remove it, either by grasping it with a pair of very fine pointed pliers or by wiring tightly together four of the finest barb broaches and introducing these in the canal around the imprisoned broach and then twisting and withdrawing at the same time.

If this is an extremely valuable tooth and your x-ray shows that the broach protrudes through the apex some considerable distance, you could even make an opening through the buccal plate and either pull the broach out after it is partly dissolved or push it back into the canal so that you could grasp it with fine pointed pliers. This copper sulphate treatment will discolor your root and probably cause some discoloration of the crown of the tooth. — GEORGE R. WARNER

Dentures that Gag

Q.—I extracted the teeth of one of my patients, a man, thirty-five years of age, about eight months ago. I made upper and lower dentures for him which he wore with comfort for

ten days. Since then he has not been able to keep either denture in because of constant gagging. I have tried everything I know and have checked up for undue pressure everywhere.

Because twenty of this patient's friends wear dentures and have no trouble with them he cannot understand why he has any discomfort. I suggested a physical examination and stomach and throat examination but he will not cooperate.

The fact that he could wear them for ten days with no discomfort but cannot now puzzles me.—J.F.G.

A.—If I understand your statement correctly, this man is so unreasonable as to affirm that because twenty of his friends can wear plates without gagging you are to blame for the fact that he cannot do so.

You ask my advice as to what can be done for a case like this. My advice is to order this man out of your office. Tell him to gum it the rest of his life. Teeth are not essential to life. If you have been in practice as long as I have and if your experience has been similar to mine, you could tell him that while he has twenty friends who wear plates without gagging, you have made dentures for a thousand patients who have worn them without gagging.

The point is you can do nothing for a patient who assumes no responsibility in the matter and attempts to put the blame for his affliction all onto you.

You might tell him of a patient of my friend who did everything he could to adapt this man's dentures in a way to prevent his gagging. Finally he told this patient that there was absolutely nothing more to be done about it, that if he could not overcome this nervous reflex and stop the silly and unreasonable notion that it was necessary for him to gag, he would just have to go toothless the rest of his life. In two or three weeks this man came back with the plates in his mouth and a broad smile on his face to tell how he had won the battle. He said, "Doc, when you told me it was all up to me I went home and got a large chicken feather, washed it, and started to tickle my throat with it. Just as soon as I recovered from the gagging spasm I tickled it again until the gagging nerves and muscles were so tired out that I could shove the feather clear down my throat and never bat an eye. Then I put the dentures in and they sure felt good in comparison. Since then every time I start thinking I might have to gag I go after the feather until now I never think of my plates being in my mouth. No trouble at all."

If this man will change his attitude, accept his responsibility for this affliction, and cooperate, I would suggest adding compound for a heavier post dam across the soft palate. Let him wear it so for a couple of days. If the gagging ceases the compound can later be changed to vulcanite. Gagging is usually caused by a tickling of the nerve endings occasioned by a making and breaking of contact of the

soft palate with the distal border of the plate as the soft palate flexes in function.

I got a most gratifying result some time ago by making a roofless denture, by the method* advocated by Dr. L. A. Hawkes, of Pittsburgh, Pa., for a woman who claimed she had been gagging every day for two years with the dentures she was wearing. A roofless denture might help solve this man's problem, but he should certainly pay an additional fee for any change you may find it necessary to make from your regular denture technique.

It is not fair either to your patient or to yourself to allow him to think that this abnormality is or can be interpreted to be your affliction instead of his.—V. C. SMEDLEY

Correct Impression Technique

Q.—I am having trouble getting a satisfactory impression of an edentulous maxilla.

The teeth have been out for several years and the ridge appears to be normal and in good condition.

However, the ridge in the region of the upper left cuspid, first and second bicuspids, and first molar, is missing. The ridge in this region is a mass of soft, unsupported flesh and nothing more.

Can you tell me how I can get a satisfactory impression of this mouth? I cannot seem to avoid compression of the tissues although I have tried relieving the impression in several ways. —W.E.D.

A.—I think I can tell you how to get an impression of this mouth without displacement of this unsupported soft tissue, but I am not sure that this will provide your patient with the service he should have. Perhaps, though, you have studied x-ray pictures of this area and considered fully the advisability of removal of the cause of this loss of bone and the surgical reduction of the soft tissue.

To get an impression of this mouth without distortion of this movable tissue I would suggest: First, select a suitable sized tray and drill one or two holes about the size of a No. 10 bur through it over this area. Now make a modeling compound impression of the rest of the mouth. Cut the compound completely away where it may have encroached upon this unsupported tissue and also over the anterior palatine foramen and any other non-stress bearing areas. Then, with a thin creamy mix of plaster, make a plaster wash impression, holding the compound up in firm contact with the mouth during the entire setting time of the plaster. This will give you an impression of the stress bearing area taken under stress bearing compression and of the non-stress bearing area without compression and without distortion. —V. C. SMEDLEY

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W. Linford Smith
Founder

ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D.
Editor

WHAT WILL 1933 HOLD FOR DENTISTRY?

"I do not talk of beginning and ending—
There was never any more beginning than there is just now
There will never be any more ending than there is just now."

—*Walt Whitman*

THE foregoing from one of the greatest of American poets and philosophers calls attention to the fact that the mind of man is entirely unable to form any conception of either creation or extinction. It can comprehend only something of the changes which it sees occurring on every hand.

Permanence is a relative term, and, like perfection, is never encountered in the absolute.

Those thin portions of the crust of this planet which man has been able to penetrate and explore reveal the remnants of countless forms of life that have disappeared simply because their environment changed more rapidly than their own powers of adjustment.

The human species has survived chiefly because its adjustability has been greater than that of any other creature on the face of the globe.

The tragedy of old age is largely the tragedy of loss of adjustability to surroundings which have be-

come other than those to which the individual became accustomed in youth and early life.

Change + Adjustability = Survival!

These three words state the whole equation so far as continuation of any form of life or activity is concerned.

Such being the facts, let us examine their bearing on this profession of ours, analyzing in this light something of the past and projecting our thoughts somewhat into the future.

The practice of dentistry is part of a personal health service—the related branches of which are many and highly diversified. There can be no doubt that in its *personal* nature lies the highest security for those of us who follow it as a life work.

The problems presented by diet may, at some future time, be solved on a large scale, rendering individual attention or analysis more or less unnecessary—but when one has a cavity in a tooth, or an edentulous jaw, the matter of filling the cavity or supplying a denture will always be an individual matter. Never will even the most advanced socialist telephone the state-controlled store or cosmetic supply house, and say: "Send me up two fillings for jaw teeth on the lower right side; also a set of full uppers for mother, shade xx, size 12M." Such an eventuality is not in any conceivable picture or analysis of the future of dentistry.

What then are the distinct lessons of the past? To what adjustments must we definitely accommodate ourselves in order to assure our survival in the future?

From our comparatively recent period of prosperity have emerged certain widely disseminated outlooks and demands on the part of the public which must be frankly recognized and accepted.

Outstanding among these is the general desire for an appearance of health and good looks. Few among us realize how extensive, insistent, and widespread this longing is. The daily shave (at times the *twice*

daily shave for many of us), the beauty parlor outbreak, compacts, lip sticks, rouge, etc., all have their origin in this eager desire on the part of most of us to present, at least the outward appearance of good health and abounding "pep" and vitality.

The dentistry of not so long ago placed durability above everything else. The job might reveal the wearer—man or woman, high or low—as all lit up with variegated metallic effects. If only this glaring offense against naturalness, beauty and good taste were *permanent* all really important requirements had been met! It has become increasingly obvious that disfigurement of the human countenance by a noticeable display of any metal is no longer within the limits of toleration in the minds of the vast majority of the public.

Also, in the forward sweep of the present health ideals, a large part of the old indifference regarding all sorts of flagrantly diseased teeth and mouth tissues has been destroyed. As never before, people of all ages and social conditions have an aspiration for cleaner, healthier mouths.

As a profession we must apply ourselves to the problems involved in being of real and permanent help to those who have this perfectly legitimate and praiseworthy desire. Nor must the needs of those who have experienced the major dental misfortune of the loss of all teeth be overlooked or neglected.

During the recent past, manufacturers and research workers have placed on the market materials for denture bases which, when properly contoured, carved, and stippled, so closely simulate healthy normal gum tissue, that they may truthfully be said almost to defy detection under what might be termed normal ranges of visibility.

Makers of artificial teeth have recognized this modern trend by contributing marked improvements in molds, carvings, shadings, textures, and vital appearance of their products. Methods of performing

all necessary work have been vastly improved. Operations are being brought within time limits which, a few years ago, would have been deemed impossible.

The blessings of both local and general anesthesia are being made conveniently available at less risk to the patient and with greater peace of mind for the operator. The prospect of a "visit to the dentist" no longer conjures up a picture of long and painful sessions at the hands of a relentless human riveting machine who held one helpless and speechless for hours on end.

Through instructions and simple examinations by the "school nurse" the child of today is taught the truth about dentists and their relation to all matters of mouth health and well being. In this way knowledge and truth are rapidly supplanting fear and ignorance in the minds of literally millions who, in a few years, will be the real sources of action and formulators of opinion throughout this great land.

Bright and inspiring pictures!

In the assurance which they give we may face the future with the fullest confidence and actual enthusiasm. We need only read aright these plain signs of the time in which we live to assure to ourselves, not only the fact of survival, but the far brighter joys of progress.

Ours is the privilege of perpetually rendering to our fellow man a specialized personal health service. Than this there can be no higher or more worthy undertaking in all the long list of man's endeavors.

We are dentists.

The dignity and the standing of our profession rests upon the shoulders of each one of us. The future was never brighter with promise, so far as the great essentials of service and development are concerned.

The road ahead is well lighted with lamps of knowledge and hope, far more adequate than those

which have greeted the dawn of any other period in our history.

Let us study the signs, and adjust our practices and our lives to the strange and compelling force revealed in that one brief decisive word: On!

FIRST PRINCIPLES

THE invited guest from the South Seas—the Marquesas Islands—was speaking.

"I finally hit upon the idea of getting up a new and interesting sort of food and then saying to the natives: 'First we put 'em boards on ship, then bime-by chow!'

"The scheme was a success. The natives actually *did some real work*—I guess I am the first and perhaps the only man who ever got 'em to do such a thing!"

"But don't they *have* to *work*—in their own way, that is?" asked one of our group.

The strangely weatherbeaten visitor from the tropics regarded the questioner with a slow glance which carried an all embracing pity; then, weighing his words carefully, he said:

"Tell me, if you can, how *you* would make any man or group of men *work* who comprehended as the basic fact of their existence that they would *never* be either cold or hungry no matter *what* happened!"

The group fell strangely silent; to them—as never before—had been revealed the stark and terrible first principles, the great and age-old well springs of human progress.

MOTIVATING IMPULSES

[This is the first of two editorials which seek to shed definite light on the present situation confronting the dental profession in the matter of state or

panel dentistry. The second one will appear in the March issue.]

STATE dentistry? Yes, if we insist upon it.

If it comes, we, the so-called ethical dentists, will be chiefly responsible for its arrival.

Let us begin at the beginning of this problem, place its factors in order, and mince no words as we inspect and analyze its various parts.

What is the first great requirement in the practice of dentistry? To this there can be but one honest answer. *The public must be well served.* Which is only another way of saying that *good dentistry* must be made as much a matter of course, in its own particular field, as good, American-made typewriters and automobiles are matters of course in their respective fields.

Such a state of affairs is by no means the case today, as a few moments' reflection will plainly show.

One can buy a new, American-made typewriter or automobile "with his eyes shut," and certain definite standards of workmanship and materials will be rigidly complied with in each purchase. Within almost infinitesimal limits of variation each machine will do certain identical things—give to its purchaser certain fixed capacities of work or enjoyment.

Nothing of the sort can be said of the results turned out by the dental profession. In the vicinity of Jacksonville, Illinois, are still to be found old men and women in whose teeth one Dr. G. V. Black placed gold fillings—in approximal surfaces of bicuspids and molars—over half a century ago. Dental restorations of such durability are scarcely dreamed of—much less attempted by the rank and file of operators. Undoubtedly Doctor Black had many friends who were receiving identical or even larger fees for vastly inferior results at the time each of these masterpieces of the gold plugger was inserted.

Conditions almost exactly analogous persist today in all parts of the country. In one office there is being

done creditable work at a fair price. In the same building—or somewhere up or down the street—is being done other work, some of it of greater excellence at a proportionately advanced price, some of it definitely inferior—but *still* at an advanced price; and here and there an exceptional man who, for some reason or no reason at all, goes on year after year turning out results of the very best grade and type, yet, not very busy, and hardly making a living.

This is a fair presentation of the actual picture. Its truth is a matter of common knowledge to each of us. Let us look at two other pictures, and then do a little analyzing.

Undoubtedly the best dental work at present being done by any considerable group of men in the United States is that performed each year by the senior students of our dental colleges or schools. These men have a tremendous stake at issue—they wish to get their diplomas and licenses, and be on their way. Also, they are rigidly supervised by instructors who, in the main, are far above the average in ability, and, also, in practically all cases, above the reach of any "influence." These two forces, acting in unison on each group of senior students, hold each one of them up to a high degree of excellence in a large majority of all things undertaken.

The poorest lot of dentistry ever turned out in the United States in recent years was undoubtedly that which was put into the mouths of our "boys," while they were training for, or serving in, the World War.

Here again the reason for the observed result is perfectly logical. The dentists who did the work for these enlisted men had practically *nothing whatever* at stake. Most of them knew that their army service would presently be at an end. In even those cases where it was desired to continue in the Army service the man so desiring knew that there was no relation whatever between the *actual quality of his output*,

and the prospects of advancement in future years; for, in this case, advancement depended in a far greater degree on "influence" than on any excellence of results due to good workmanship.

These, then, are the salient facts which confront us, and which must be frankly faced: no uniformity whatever in private practice so far as methods, prices, or results are concerned; no assurance to a prospective patient that a dental problem, when taken to a legally licensed and ethical dentist, will be well handled and for a fair fee.

In our dental schools a most excellent standard is constantly maintained because of a fortunate combination of circumstances.

In our World War experience we saw dental results, so far as operations on carious teeth or restorations of missing teeth were concerned, which were truly deplorable.

Throughout all history the same series of events can be noted.

Something which is much feared appears first as a speck on the horizon; no attention is paid to it. Presently it grows definitely larger, becomes more impending, hastens its approach. Various methods of blocking its actual coming are proposed and vehemently championed by one faction or another. None of these deter the approaching crisis in the least, but, with apparently resistless impetus, it presently bursts upon a society completely engrossed in disordered thinking as to how to *prevent* what is finally discovered as being, *in fact*, actually upon them.

After the prostrating result has become a matter of history, a mere backward glance is quite enough to show anyone just how the whole unfortunate matter came about, and just how it could have been prevented. *Then* steps are logically taken to guard against a recurrence. *The same steps*, had they been

clearly perceived, and firmly taken *earlier,* could have entirely prevented the first devastating catastrophe.

Here is our problem: In the light of known facts, we must definitely study all existing methods of tooth salvation and restoration, all problems of oral hygiene, and come to a substantial agreement as to what methods are the best for overcoming certain conditions—for dealing with our routine problems. These decisions having been reached, we must all conform to the conclusions and recommendations resulting therefrom.

From somewhere within ourselves we must summon motivating impulses as definite and compelling as those which are now spurring on the senior students to whom reference has already been made. Of our own volition we must learn a deep and abiding scorn of all clap-trap and half-hearted measures of practice.

To do anything less than these things will be to close our eyes to the inevitable; to prove ourselves weak and vacillating victims of the closed mind; to invite upon ourselves the very fate which, theoretically, we would avoid; to prove to the world by our lack of teachability that the plain lessons of history are devoid of value to us, that we are incapable of creating for ourselves those motivating impulses which are at this moment plainly essential for our salvation as individual members of a beneficent and liberal profession.

ADVERTISING DENTISTS CAN'T GET INSURANCE

Scores of dentists in Essex and West Hudson counties in New Jersey, who have signs with the words "x-ray," "pyorrhea treated," "gas administered," "removable bridgework" or similar terms had to take them down by January 1 or be refused liability insurance to protect their patients.

A code of ethics regarding signs was drawn up by the Central Dental Association of Northern New Jersey at the request of three insurance companies issuing insurance to dentists, it was announced by Dr. Joseph P. Walsh, president. —*Advertising Age*

PEAKS *and* POKES

By FRANK A. DUNN, D. D. S.

Just what you'll win
In life's long cruise
Shows plainly in
Just how you lose.

Dr. Ed Ryan, editor of *The Dental Digest*, tells of an old time dentist who flattened his patients out in the chair until they were lying down. It annoyed the patients, but he said he could work better that way.

He used to be an undertaker.

At a dinner it was all planted for Larry Dunham to say, "Gentlemen, at a recent meeting when the principal speaker was giving his address, someone knocked over a chair and fifty men turned their heads to see what had happened. When men do that they show they are ignorant and ill-bred; they—"

Right here Mass—who was over behind a door—was supposed to slam a big dishpan on the floor. Did that double-crossing crook slam the dishpan? He did not! He just pushed his head out and grinned, leaving Larry marooned in a sea of explanation and apology.

MUSINGS OF A PEAKS AND POKES PARAGRAPH: I'm sick of being re-written a dozen times, of being pruned and picked at until I've barely enough words left to tell what I think. Even after all that I may be grudgingly tolerated. What a life! I often wonder if anyone looks at me.

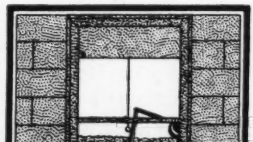
Frank Casto thinks the printer made an inspired error when he set up, "Send us your summer *sapshots.*" Jack Downes, O.H.O., has one in his scrapbook that reads, "Dr. Blank gives personal attention to every case, and his patients receive the services of a trained *horse.*" Sometimes they do.

DR. JOHN LEAVY, IRELAND: Your kind letter would have been answered long ago, but address mislaid. Where are you?

ORAL OUTLAWS: Whether to say *you and I* or *you and me* is confusing to many persons. This device may frequently help: *This is for you and I.* Put that into two sentences: *This is for you. This is for I.* The latter, of course, is wrong. *This is for me. This is for you and me.*

Try this device on *let he and I go, him and I went,* and other similar expressions.

OFFICE SILHOUETTES



NOTE: These brief pen pictures will be exactly what their title states. Sometimes, actual names will be used; at other times, for obvious reasons, fictitious names will be used; or names will be omitted entirely. In no case, however, will any liberties be taken with *facts;* they will always be *exactly as stated.*

●

Driftwood

THERE are, after all, *some* advantages in this profession of dentistry," almost gasped the doctor as he hurried through the corridor—past the dilapidated wheeled chair with its pitifully shrunken and misshapen cargo of adult femininity. "At least such driftwood as *that* floats right on past *our* doors!"

* * *

Returning from his errand, he entered his private office as usual by a pass-key which opened the "exit" door, and so avoided the reception room.

"A new patient to see you, doctor," said his assistant with a strange half smile which, at the time, merely seemed "queer."

"The lady had no appointment, but I told her that if she was willing to wait a short time you might be able to see her."

Again the strange half smile and a sort of far-away horror, as of one forced to look upon something which can in no wise be comprehended.

At the door of the reception room the doctor gave an almost perceptible gasp (at least he *hoped* that it had been no more than that). *There—in his own reception room*—awaited him the human wreckage of the wheeled chair encountered a few moments previously in the corridor, and passed with a shudder of thankfulness as being *one* problem outside his professional orbit.

"You don't know me, doctor. A neighbor of mine told me about you—said you were very kind to poor people—those that couldn't pay much, I mean. My

teeth have been bothering me a lot—guess I'll just *have* to have *something* done. I hope you're pretty strong—you see, I can't walk—can't even stand up—so you'll—"

"Oh, I guess we can manage that part of it all right," said the doctor. "I'll just toss you into the operating chair the way I do the *other* little folks."

By removing an arm from the operating chair and rolling the rickety wheeled contrivance alongside, it was comparatively an easy matter to accomplish the transfer of the frail and deformed body. Legs scarcely larger than broomsticks terminated in flat and useless feet which flopped at random whenever a movement of the frail torso upset the inertia of the mass as a whole. Fingers, drawn into the grotesque and permanently cramped disfigurement which only chronic arthritic conditions can produce, were with the greatest difficulty made to retain a hand mirror as the mouth examination went on and was explained.

A program as limited in extent as was compatible with the serious requirements of the case was outlined and agreed upon. The matter of cost was kept deliberately in the background.

"I don't know just *how* I'm going to pay you, doctor—you see, my *husband*—he don't hold fer gettin' teeth fixed *a-tall*! Just have 'em jerked out—*he* says! An' he don't give me very much money fer *anything*. *He's* strong an'—"

Almost as one endeavoring to regain mental competence on emerging from an anesthetic the bewildered doctor heard that one unbelievable phrase "my husband" echo through his mind.

Married!

Finally, after several visits, the tedious and trying undertaking of making this bit of human flotsam comfortable and reasonably efficient so far as dental conditions were concerned was accomplished. The kindly, "neighbor lady" was asked to investigate the worn and sleazy purse which the crippled hands could not open.

"Here's a dollar, doctor. I know my bill must be a *lot* more than *that*. I'll send more when I can. I'm sorry I can't pay a lot more *now*!—But you see, my *little boy*—he has to have things now that school is starting—I hate to ask it of you, but *he'll* have to have some teeth fixed too—the school dentist sent him home with a card — you know how *they* are!"

"Yes!—I know; or at least I'm *learning*," said the doctor with a rather strange accent on the last word of the statement.

A son!

Had nature neither mercy nor intelligence? Must she insist that this withered and shrunken bit of driftwood should attempt the feat of a green leaf?

On the next visit a wan and waxlike boy of seven made the addition of a third person in the familiar group of wheeled chair, occupant, and attendant. Four six-year molars so badly "gone" that extraction under gas was the only remedy remaining

somewhat simplified this problem. But the horror of the entire picture remained as a daytime nightmare.

Here was a child, positively doomed from birth to less than an "outside chance" in the race of life. The tiny spark in the caricature of a body could only be kept alive by constant care on the part of society at large!

A few months later the telephone carried the following news to the doctor's ear:

"This is Mrs. Blake—you remember—the crippled lady who came to see you in the wheeled chair? Well—I've been trying to get some more money for you. I know I never paid you hardly anything for myself or Bobby—and I don't know *when* I can. You see—like I told you—my husband don't hold fer gettin' teeth fixed—and now I'm going to have another baby in three months—an'—"

"Please! Forget all about it!" ("How I wish that I could!" was the doctor's mental aside.)

With sickening clarity the whole sordid picture ran through his mind. The hopeless invalid and crippled mother; the man in the case; the children! The conscientious and entirely unselfish efforts which he himself had made to pull this bit of driftwood to shore, so to speak, so that it might find a quiet eddy in which to be comfortable at least. Now, the futility of the whole attempt—his—and all other efforts put forth by the sane and the unselfish agencies of organized society to salvage such human wreckage. The utter hopelessness of the picture unless something *more* than anything at present possible could be brought to bear in such cases.

In the background of his consciousness appeared a ray of hope which seemed to render luminous a sign which pointed toward a better day for humanity! Suddenly the words on the sign became legible; they read: "Compulsory sterilization of the hopelessly unfit and insane."

But between the place where he stood and the far-away, shining guide to a better day there appeared a vast and terrible bog—an almost wholly impenetrable swamp! The clouds above this fearsome barrier formed two words: "Prejudice—Ignorance!"

The vision faded, and with a heavy heart the doctor replaced the receiver on its waiting hook and went back to his routine at the chair.

—*Arthur G. Smith*

DECORATED BY FRANCE

Dr. Arthur G. Buehler, Stapleton, Staten Island, has been decorated with the Legion of Honor by the French Government.

He served with the Twenty-sixth or Yankee Division in France and frequently came in contact with French officers, many of whom he treated for dental troubles.

DIET *and some of its* Dental Phases—II

The CARBOHYDRATES

By L. J. MORIARTY, D. D. S., *and*
KATHERINE CARPENTER MORIARTY, B. A., B. S.

FOODS may be classified in several ways, depending upon the phases of the subject which the classifier wishes to emphasize. We shall, however, consider only two of these ways. The first classification has been made according to function:

Class 1—Foods that act as body regulators.
Class 2—Foods that build and rebuild the body.
Class 3—Foods that supply warmth and energy.

The second is according to chemical make-up:

Class 1—Carbohydrates.
Class 2—Proteins.
Class 3—Fats.
Class 4—Minerals.
Class 5—Vitamins.

A hard and fast line cannot be drawn between these classifications because most foods have more than one function and contain some of the elements of several classes. In making classifications, foods having more than one function are placed under the heading that most accurately describes the work they do.

The principal chemical elements found in food are: carbon, oxygen, hydrogen, nitrogen, sulphur, phosphorus, iron, chlorine, sodium, potassium, magnesium, and calcium. These elements of the air and soil are made into the three great energy producing foods: carbon, oxygen, and hydrogen unite to form the carbohydrates; in different proportions the same elements form the fats; the proteins are made up of carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorus, and iron.

While we are on the general subject of chemical elements, it might be well to say here that sulphur, phosphorus, chlorine, sodium, potassium, magnesium, and calcium form the ash constituents, partly as plain mineral salts and partly in combination with the organic compounds—the carbohydrates and the fats.

Before the light and heat from the sun — from which

comes indirectly all our energy —become available for human beings as food, the plant world takes them and transmutes them into chemical energy.

The carbohydrates—the energy foods found most abundantly in nature—are found in most vegetable foods, in the sugar from cane and beets, and in fruits such as oranges, apples, and grapes.

Starches, which are the most abundant of the carbohydrates, are obtained from wheat, oats, barley, corn, potatoes, and many other vegetables, and from some nuts.

Included among the carbohydrates are all of the simple sugars and all substances that can be split into simple sugars by hydrolysis. These are classed are monosaccharides, disaccharides, and polysaccharides.

Most of the carbohydrates are split into glucose — which is widely distributed in nature— and fructose by the ptyalin of the saliva and the digestive ferments of the intestines. Glucose is then stored, largely in the liver, in the form of glycogen. The glycogen is then reconverted into glucose as it is needed by the body to replace that burned for heat and energy.

Heat is a by-product of all bodily activity. Energy can be converted into heat by work and by the automatic responses of the body to cold stimuli which increase the rate at which the body fuel is burned. This is why more energy and heat foods should be consumed in cold weather.

The amount of food needed for a day's work for a man of given weight can be accurately computed in calories—a calorie being the amount of energy or heat required to raise one kilogram of water one degree Centigrade.

The average daily calorie needs for men and women are given in the table below. The requirements of children will be discussed in a subsequent article dealing with the feeding of children.

MEN

	Calories
Active muscular	3800
Moderately active	3000
Sedentary	2500
Fattening sedentary	3500
Reducing	1500
Aged	1600

WOMEN

	Calories
Active	2800
Moderately active	2250
Sedentary	2000
Fattening sedentary	3000
Reducing	1100
Aged	1600
Nursing mother	3600

These calories may be furnished by all three of the energy foods. Usually the carbohydrates furnish over one half of the energy, and the fats and proteins the remainder, in proportions that vary according to the preferences of the individual. Carbohydrates and proteins yield about 113 calories per ounce while fats yield 255 calories per ounce. Most of our foods are mixtures of all three, along with water, cellulose, mineral salts, and sometimes vitamins.

The proper method of reducing has not been found to be the

elimination of starches or fats, but rather by the restriction of the whole intake of food, using a physiologically balanced diet along with exercise.

Another carbohydrate which, although it is indigestible, plays an important part is cellulose. It acts as bulk to hold water, thus facilitating and stimulating the passage of foods along the alimentary tract. It also acts as a stimulus and exerciser to the teeth and gums. Cellulose acts as a natural brush for the teeth by sweeping the sticky foods from the teeth. It is found mostly as vegetable and fruit fibers.

Raw starches are, as a whole, hard to digest, and for that reason should be cooked. Lettuce, celery, onions, cabbage, radishes, and carrots can usually be eaten raw if well cleaned. Cooking these vegetables destroys certain protective elements in them.

The acid theory of decay has to do with the direct relationship between starchy foods and dental caries. This theory still has some good foundation for belief, namely, the prevalence of caries in the mouths of bakers, millers, and candy makers. This type of caries is evidently due to the fact that starches and carbohydrates are held in contact with the tooth surface for periods of time sufficient to allow the fermentive bacteria to form acids which, in turn, decalcify the enamel. For this reason a meal should not be ended with a starchy food, but rather with a fresh fruit or other food containing cellulose.

The caries in these cases—bakers, millers, candy makers—may not be due so much to the starch as to the fact that any one consuming and tasting sweets, pastries, and the like between meals, loses his appetite; consequently, at meal times he does not eat enough of the protective foods to avoid caries.

It is an established fact that the mouth of an individual whose body fluids and saliva are too much on the acid side in reaction is notably more subject to dental caries than that of one whose reaction is more alkaline. It has also been established that the alkaline individual is much more prone to develop suppurative gingivitis. Hence, there is evidently a definite relationship between the acid balance of the body and dental caries and the alkaline balance and pyorrhea. Much investigation has been done along this line by Charles F. Bodecker.

There is also reason to believe that a connection between the starches consumed and the body alkalinity exists. That the hydrogen ion concentration of the blood can be controlled by diet has been proved. It has been shown that foods which have a preponderance of base-forming elements lead to the formation of urine that is less acid; also, that the reserve alkalinity of the blood is increased in these cases. These experiments show that the reverse is true when a diet with a preponderance of acid-forming elements is observed.

The carbohydrate foods for the most part belong to the class

yielding acid residues. The benefits to health that are derived from the free use of milk and vegetables in a diet may be attributed in part to the fact that these foods yield an alkaline residue when oxidized in the body. This point, however, should not be too greatly stressed, for there are several other respects in which an alkaline type of diet is beneficial, notably in supplying minerals and vitamins.

East Kemp Avenue
Watertown, South Dakota

CHICAGO A DENTAL CENTER

Chicago, where the Centennial Dental Congress will be held, has valid claim to the title of "America's leading dental center."

Chicago is the home of the American Dental Association. In its building at 212 East Superior street are housed all the central activities. The Association will hold "open house" during the week of the Congress in order that every visitor may see it in its own facilities.

This city has three leading dental colleges, namely, Chicago College of Dental Surgery, the dental department of Loyola University; the University of Illinois College of Dentistry, and the Northwestern University Dental School. Their combined alumni form a very substantial portion of the world's dental population.

The Chicago Dental Society, sponsor of the Congress, is the largest local dental society in the world. Within the past decade the reputation of its Midwinter Meeting has spread to every nook and cranny of the country so that it now occupies an enviable position among dental meetings.

In dentistry's Hall of Fame are the names of many Chicagoans who have helped make dental history:

W. W. Allport, G. V. Black, Truman W. Brophy, Calvin S. Case, George H. Cushing, T. L. Gilmer, Hart J. Goslee, L. P. Haskell, Edmund Noyes, J. H. Prothero, C. P. Pruyn, and many others. This is a roster of which Chicago and the world may be proud.

All the dental organizations and institutions in Chicago have been planning for months to make the Congress an outstanding dental meeting. Members of the Association are not only cordially invited, but urged to attend this meeting which will be held in conjunction with A Century of Progress Exposition.

Tempus FUGIT

Twenty years ago this month.

UNFORTUNATE PEOPLE . . . THE CARE OF THEIR MOUTHS AND TEETH

The following is an extract from an interesting paper Dr. Howard R. Raper wrote for ORAL HYGIENE twenty years ago. Conditions in our state institutions have improved since that time but even today these conditions present a most worthy field for the expansion of the oral hygiene program:

"Dental inspection of school children is already here in some cities, and it will soon arrive in others. Likewise a free dispensary for poor children has, here and there, crystallized from a dream into an actuality. The work has just begun. The problems yet to be solved are many and difficult. Many men are trying to solve these problems, and, therefore, we hear and read a very great deal concerning them. As I see it, the campaign seems to be to educate the child, and incidentally the parent through the child; then to minister to the needs of the very poor child. A very big undertaking indeed.

"Yet I now suggest that we attempt a little more. The problem I present is a very simple one compared to the ones of dental inspection of school children and the establishment of free dental dispensaries. It is the care of the teeth of state charges, i.e., the blind, the deaf and dumb, the feeble-minded, the insane, the epileptic, the pauper, and the criminal in our state institutions.

"This spring the Indiana Dental College sends out two internes, one to the Indiana School for the Feeble Minded, the other to the Northern Indiana Hospital for the Insane, to stay as long as necessary. There are many other institutions in Indiana yet to fall in line.

"The way to administer to the dental needs of state charges is through the dean of your state dental school by way of the dental interne plan. It may lend force to individual effort if the state dental society can be induced to sanction the scheme officially. But the greatest force that can be brought to bear on any superintendent is the record of the work done, its cost, and the amount saved."

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

First Maid: "My mistress is so curious."

Second: "All mistresses are. How curious is yours?"

First: "Well, yesterday I was looking through the keyhole into her room, and she was looking through the keyhole at me."

Traffic Cop: "Why didn't you stop when I whistled?"

Motorist: "I'm sorry, I didn't hear you."

Traffic Cop: "Well, you'll get your hearing in the morning."

"Is that new watchdog of yours any good?"

"I'll say! If you hear a suspicious noise at night, you've only got to wake him up and he barks."

Bachelor Uncle: "Baby six weeks old, you say. Talk yet?"

Proud Father: "Oh no, not yet."

Bachelor Uncle: "Boy, eh?"

Girl (to tiresome suitor at 3 a.m.): "I think I'll name my car after you."

Suitor: "Thanks for the compliment; it's a swell-looking car."

Girl: "Yes, but it's so difficult to get it going in the morning."

Conjurer: "Now, my lad, you hear your watch ticking inside the handkerchief. Are you satisfied?"

Youngster: "More than satisfied. It hasn't been going for a month."

"Good heavens! Who gave you that black eye?"

"A bridegroom for kissing the bride after the ceremony."

"But surely he didn't object to that ancient custom?"

"No—but it was two years after the ceremony."

Uncle: "You boys of today want too much money. Do you know what I was getting when I married your aunt?"

Nephew: "Nope! And I'll bet you didn't either."

One of our prettiest and most efficient secretaries had just made one of her very rare mistakes and the assistant cashier who was dictating to her was surprised and shocked.

"Surely, Miss Green, you know the King's English?" he inquired ironically.

"Of course," replied the indignant Miss Green, "why—I've never thought of him as anything else!"

Doctor: "The best thing for you is to stop drinking and smoking, go to bed early, and get up early in the morning."

Patient (considers a bit): "Say, Doc, I don't think I'm worthy of the best; what's second choice?"

Small Girl (to seven-year-old boy friend): "Oh, I think you're lots better looking than your daddy."

Boy (true child of the motor era): "Well, I oughta be—I'm a later model."

What Price Sterilization?

Micro-photographs of steel blade magnified 400 diameters.

Edge of steel blade after boiling in water for 5 minutes.

Edge of steel blade before treatment.

Edge of steel blade after 36 hours in BARD-PARKER Formaldehyde GERMICIDE.

Have you ever estimated the cost of instrument repairs and replacements resulting from damage by rust and chemical corrosion in sterilization?

BARD-PARKER *Formaldehyde* GERMICIDE is non-injurious to all metal instruments, syringes, hypodermic needles, burs, mirrors and rubber dentures. Instruments may be immersed for days at a time without danger of rust or corrosion.

Bacteriological tests of cultures exposed to this germicide indicate destruction of non-spore bearing bacteria: Micrococcus aureus, Bacillus typhesus and Streptococcus hemolyticus within 2 minutes.

Bard-Parker Germicide gives you rapid sterilization and instrument protection. That is why it is proving to be one of the most economical methods of sterilization in use today. Why not try it?

PARKER, WHITE & HEYL, INC.
369 Lexington Avenue, New York, N.Y.

Dental Meeting Dates

Minnesota State Dental Association, Golden Jubilee Meeting, Municipal Auditorium, Minneapolis, February 7 to 9, 1933, inclusive.

Mid-Year Clinic Day will be held under the auspices of the Kings County Dental Society on Friday, February 17, at the Allied Dental Council Headquarters, 425 Lafayette Street, New York City.

Great Lakes Association of Orthodontists, Annual Meeting, Cleveland, Ohio, February 27 and 28.

Central Pennsylvania Seventh District Dental Society, 31st Annual Meeting, Fort Stanwix Hotel, Johnstown, Pa., February 27 to March 1, 1933, inclusive.

Alumni Association, School of Dentistry, University of Buffalo, 33rd Annual Meeting, Hotel Statler, Buffalo, N. Y., March 1 to 3, inclusive.

Tufts College Dental Alumni Association, Midwinter Meeting, Boston, Mass., March 8.

The Thomas P. Hinman Midwinter Clinic, Annual Meeting, Biltmore Hotel, Atlanta, Ga., March 13 and 14.

Kentucky State Dental Association, 64th Annual Meeting, Brown Hotel, Louisville, Kentucky, April 3 to 5, inclusive.

Michigan State Dental Society, 77th Annual Meeting, Civic Auditorium, Grand Rapids, April 10 to 12, 1933, inclusive.

American Society of Orthodontists, 32nd Annual Meeting, Oklahoma City, Oklahoma, April 19 to 21, 1933, inclusive.

Connecticut State Dental Association, 69th Annual Meeting, Stratfield Hotel, Bridgeport, April 19 to 21, 1933, inclusive.

Tennessee State Dental Association, 66th Annual Meeting, Knoxville, Tennessee, April 27 to 29, 1933, inclusive.

Massachusetts Dental Society, 69th Annual Meeting, Hotel Statler, Boston, Massachusetts, May 1 to 4, 1933, inclusive.

Pennsylvania State Dental Society, 65th Annual Meeting, Bellevue-Stratford Hotel, Philadelphia, May 2 to 4, 1933, inclusive.

The Texas State Dental Society, Annual Meeting, San Antonio, Texas, May 9 to 11, 1933, inclusive.

The Dental Society of the State of New York, 65th Annual Meeting, Hotel Syracuse, Syracuse, N. Y., May 11 to 13, 1933, inclusive.

Missouri State Dental Association, 68th Annual Meeting, Hotel Jefferson, St. Louis, Mo., May 15 to 17, inclusive.